THE SOCIAL PLANNING and RESEARCH COUNCIL of Hamilton and District

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HUMAN SERVICE PRIORITIES
IN
HAMILTON-WENTWORTH

A Summary Report

Prepared by
The Social Planning and Research Council
of Hamilton and District

For the Hamilton Foundation

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THE SOCIAL PLANNING AND RESEARCH COUNCIL
OF HAMILTON AND DISTRICT

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INTRODUCTION

The purpose of this report is to provide an overview of priorities within the Hamilton-Wentworth human services system. This system of services involves a large number of agencies, serving a variety of different target groups, with a number of different service modalities.

The source of the priorities contained in this report are two-fold:

1) The results of priority-setting workshops by a number of co-ordinating bodies which typically include a number of providers, which serve a specific target group.

2) The results of individual studies or task forces which have identified service - specific priorities during the past two or three years.

It is notable, that priorities are not available at this time for two key sectors - the disabled and family violence.

With respect to the disabled, a needs assessment process is currently in place under the auspices of the Regional Advisory Committee on the Physically Disabled. The results of this assessment are expected to be available in April, 1991.

The lack of consensus-based priorities in response to the problem of family violence represents a very significant "gap" in our current priority-setting process. An increase in the reported incidence of family violence is being reported in a variety of service sectors and the long-term implications of family violence for the stability of the family unit and the healthy development of children suggests that this sector should be a priority in our community. The United Way has responded to this recognition by designating family violence programming as a priority with respect to demonstration and development funding. The Council on Domestic Violence has been meeting for a number of years for the

purpose of increasing the extent of service co-ordination and collaboration in this sector and is currently reviewing its role with respect to priority-setting.

Given the high incidence of victimization of females in violent families, the concerns noted above also apply to the issue of women's services in our community. Considerable controversy exists about whether women's services should be identified as a distinct sector, and this ongoing controversy limits the extent to which priorities can be established for the key group of services.

A similar problem exists with respect to generic counselling services. Some providers of counselling services argue that these services are, by definition, generic and the setting of priorities would, therefore, be inappropriate. Other providers argue that priority-setting is a necessary response to scarce resources.

As a result of the factors cited above, consensus-based priorities are not available for all of the services which comprise our human services system. It is notable, however, that a majority of sectors have been able to identify priorities which represent a consensus among the variety of providers within the sector.

In providing the results of the many priority-setting processes in our community, this report is divided into four sections.

Part I presents the result of a community trends consultation which identified key trends affecting our community.

Part II provides the best available estimates of the size of the "populations" at risk in Hamilton-Wentworth from a variety of different published sources.

Part III presents the priorities which have been established in a variety of different sectors in Hamilton-Wentworth.

Part IV presents a brief analysis of the sector-based priorities for the purpose of identifying key general trends in service provision.

I GENERAL COMMUNITY TRENDS

In 1990 the Hamilton Public Library and the Social Planning and Research Council organized a community consultation for the purpose of identifying key trends in Hamilton-Wentworth. Forty-two senior decision-makers from a variety of sectors met together to develop a list of key trends which they believed would impact on our community. This list of trends was then organized into a questionnaire which was mailed to the participants and required the respondent to record their perceptions of the probability that each trend would occur and the degree of impact that each trend would have on the community if it did occur.

The responses were then analyzed by the SPRC to identify the most significant trends with respect to both probability and impact.

The fifteen most significant trends are listed below, in order of their importance -

1) There will be increased emphasis upon protecting and preserving the environment, including:
   - growing opposition by public to environmentally-damaging initiatives
   - increased use of law and the courts for environmental protection
   - increased use of "sustainable-development" concepts as a basis for planning

2) Increased scarcity of resources.

3) New immigrants in the Region will continue to contain a high proportion of visible minorities.

4) Increased emphasis on community care of the elderly.

5) The number of two income families will continue to increase and there will be associated decreases in the amount of leisure time available to families and increased tension between family and employment obligations.

6) There will be an increased need for flexibility in organizations to react to escalating rate of change.

7) There will be an increased gap between "have" and "have not" families and an increased incidence of lone parent families and reported family violence.

8) There will be an increased emphasis upon health promotion and prevention.

9) The age-structure of the Regional population will continue to change with:
   - increased growth in the over-65 population and, particularly, in the over-75 group
   - increased numbers of "middle-aged" families
   - decreased number of children and adolescents.

10) Increased need for proactive rather than reactive planning on the part of organizations in all sectors.

11) Large manufacturing firms will not be a major source of job creation in the Region. A growing proportion of job creation will occur among small business.

12) There will be an increased transfer of responsibility for service delivery from government to the private sector.

13) Increased emphasis on Quality-of-Life issues.

14) There will be an increased demand for adult education which will include skill-training, part-time learning and career counselling for adults.

15) The ethnic diversity of Hamilton-Wentworth will continue to increase in the nineties.

II ESTIMATES OF NEED

The purpose of this section of the report is to provide estimates of the number of persons in Hamilton-Wentworth who experience the types of problems which cause them to approach human services for assistance. It should be emphasized that most of these numbers are only estimates.

Many of the figures are derived from the application of results from Provincial or National surveys to local population figures. They should, therefore, be interpreted with caution but they do provide useful information about the relative magnitude of different needs in our community.

The data sources and the nature of any computations are described at the end of this section of the report.

Children

1	No. of persons aged 1 to 15 (1988)	82,910
	1996	85,600
	2001	86,800
	2006	83,000

Need Indicators

2	Developmentally handicapped	406
3	Mental health problem (4 major diagnoses)	13,818
4	Disabilities (in private households)	4,313
	Mild	3,148
	Moderate	776
	Severe	388
5	Learning disabilities	1,121
6	Hearing disabilities	733
7	Vision disabilities	431
8	Speech problems	733
9	Young offenders	1,920

Adults at Risk (16-64)

10	Persons in Low Income Families (1986)		72,695
11	Low income persons not in families (1986)		19,630
12	Total Low Income Persons (1986)		92,325
13	No. of low income families (1986)		16,780
14	Unemployed persons (Sept. 1990)		21,000
15	General Welfare Assistance Cases (Aug. 1990)		8,241
16	Single Parents on Family Benefits Assistance (Sept. 1990)		5,898
17	Blind and Disabled Persons on Family Benefits Assistance (Sept. 1990)		6,873
18	Functional illiterates		74,000
	Cannot read		15,470
	Very limited reading ability		30,939
19	Disabled living in households		23,055
	Mildly disabled		7,780
	Moderately disabled		10,025
	Severely disabled		5,250
20	Developmentally Handicapped		1,614
21	Alcohol abuse:	Very high risk	10,745
		High risk	6,914
22	Drug Users:	Cannabis	33,910
		Cocaine	6,782
		Stimulants	13,887
		Tranquilizers	20,992
23	Adult females who were victims of unwanted sexual acts as children		71,800
24	Adult males who were victims of unwanted sexual acts as children		44,511

Seniors

25 No. of persons 65 and over (1988)

65 - 69	20,111
70 - 74	13,985
75 - 79	10,861
80 - 84	6,845
85+	5,468
Total:	57,270

	1991	1996	2001	
65 - 69	21,600	20,700	19,300	19,600
70 - 74	15,800	19,300	18,500	17,400
75 - 79	11,800	13,100	15,900	15,600
80 - 84	7,600	8,600	9,800	12,100
85+	5,900	6,900	7,900	9,200
Total	62,700	68,600	71,400	73,900
% of Population	14.1	15.0	15.1	15.3

26 Seniors with physical disabilities in private households (1986) 14,780

27 Seniors with moderate to severe psychiatric disabilities (1988) 8,500

28 Seniors living alone (1986) 14,035
living with relatives (1986) 4,390
living with non-relatives (1986) 975

29 Seniors in acute care hospitals (1988) 953
in chronic care hospitals (1988) 255
in nursing homes 1,080+
in homes for the aged 955
in psychiatric hospital 71

Sources Report

1. Regional Municipality of Hamilton-Wentworth, Planning and Development Department. Population Projections.
2. Association of Agencies for Treatment and Development.
3. Ontario Child Health Study - prevalence figures for four major diagnoses (neurosis, somatization, conduct disorder and hyperactivity) were applied to the 1988 population figures for the Region. (Children aged 4-16)
4. Nessner, K. Children with Disabilities, Canadian Social Trends, Winter 1990. Prevalence rates from a national survey were applied to 1988 population figures for Hamilton-Wentworth.
5. ibid.
6. ibid.
7. ibid.
8. ibid.
9. Annual Statistics: Hamilton-Wentworth Regional Police
10. 1986 Census
11. 1986 Census
12. 1986 Census
13. 1986 Census
14. Statistics Canada: Special Tabulation for Hamilton-Wentworth
15. Regional Department of Social Services
16. Ontario Ministry of Community and Social Services (Hamilton office)
17. ibid.
18. Montigny, G. Reading Skills Canadian Social Trends, Winter 1990. Prevalence estimates from a National survey were applied to 1988 Hamilton-Wentworth population figures (aged 16 - 69)
19. Health and Activity Limitations Survey Sub-Provincial Data for Ontario: Statistics Canada, March 1989
20. Association of Agencies for Treatment and Development

21. Rush, B. Alcohol Consumption in Ontario Counties and Regional Municipalities, 1985 - 1986. Addiction Research Foundation 1987

22. Adlaf, E. and Smart, R.G. The Ontario Adult Alcohol and Other Drug Use Survey, 1977 - 1989. Addiction Research Foundation, 1989. Prevalence estimates from a Provincial survey were applied to 1988 Hamilton-Wentworth population figures (aged 18 years and over).

23. Badgely, R.F. Sexual Offences Against Children, National Prevalence Estimates applied to 1988 Hamilton-Wentworth Regional Population figures.

24. ibid.

25. Regional Municipality of Hamilton-Wentworth Planning and Development Department. Population Projection.

26. Health and Activity Limitation Survey Sub-Provincial Data for Ontario. Statistics Canada. March, 1989.

27. Geriatric Psychiatry: Redefining the Role of Hamilton Psychiatric Hospital. HPH, 1986. Figures from 1981 were updated to 1986.

28. 1986 Census.

29. Services for Seniors' Study. Mapping the Way to the Future. Regional Municipality of Hamilton-Wentworth and the Hamilton-Wentworth District Health Council. October, 1988.

III. SECTOR-BASED PRIORITIES

ADDICTIONS

Incidence

Data pertaining to the incidence of risk behaviour with respect to alcohol consumption is available from the 1987 report of the Alcoholism and Drug Addiction Research Foundation - Alcohol Consumption in Ontario Counties and Regional Municipalities, 1985-1986.[1] The results relating to Hamilton-Wentworth are presented below:

Risk Category	# Persons
Very high risk	10,745
High risk	6,914
Moderate risk	15,032
Mild risk	43,605
Low risk	205,423

Indicators pertaining to the utilization of other addictive substances are not as readily available. The Substance Abuse Monitor, 1989, from the local ARF office provides data about persons who have sought assistance from local addiction agencies between January 1, 1988 and March 31, 1989.[2]

Substance Used	No. of Persons
Alcohol	857
Cannabis	394
Cocaine	230
Hallucinogens	156
Non-medical stimulants	111
Medical tranquilizers	106
Non-medical narcotics	94
Non-medical tranquilizers	68

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1 Rush, B. Alcohol Consumption in Ontario Counties and Regional Municipalities, 1985 - 1986. Toronto Addiction Research Foundation, 1987.

2 Devillaer, M. Substance Abuse Monitor. Hamilton Addiction Research Foundation, 1989.

A 1989 survey of drug and alcohol use among Ontario adults by the Addiction Research Foundation, provided estimates of the prevalence of use for a number of drugs by persons aged 18 years and older during 1989.[3] The estimated prevalence and range of estimates are presented below. The "Range" corresponds to the upper and lower level of the 95% confidence intervals.

Drug	Estimate	Range
Cannabis	10.5	8.2 - 12.8
Cocaine	2.1	1.0 - 3.2
Stimulants	2.9	1.6 - 4.2
Tranquilizers	6.5	4.6 - 8.4

When these figures are applied to the 1988 population figures for Hamilton-Wentworth, the following number of users can be estimated.

Drug	Estimated Users	Range
Cannabis	32,241	26,482 - 41,339
Cocaine	6,448	3,229 - 13,887
Stimulants	8,904	5,167 - 10,335
Tranquilizers	19,959	14,856 - 27,129

Among Ontario students, bi-annual surveys by the Addiction Research Foundation have indicated that drug use among students has decreased during the past ten years. The Table below presents the provincial estimates for 1979 and 1989 and the results of the application of the 1989 estimates to the 1988 population of Hamilton-Wentworth, aged 12 - 19.

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[3] Smart, R.G. and Adlaf, E.M. The Ontario Student Drug Use Survey. Trends Between 1977 and 1989. Toronto Addiction Research Foundation, 1989.

Estimates of Drug Use among Ontario Students, Applied to Hamilton-Wentworth

Drug	Ontario 1979	Ontario 1989	Estimated Users Hamilton-Wentworth	Range
Cannabis	31.7	14.1	6,476	5,557 - 7,395
Glue	4.3	1.9	872	859 - 886
Other Solvents	6.2	3.1	1,423	1,148 - 1,699
Barbiturates-NM*	6.8	2.2	3,582	3,123 - 4,041
Heroin	2.3	1.2	514	367 - 735
Speed	3.6	2.5	1,148	918 - 1,378
Stimulants - NM*	10.6	6.5	2,985	2,618 - 3,353
LSD	8.6	5.9	2,710	2,021 - 2,939
Other Hallucinogens	5.3	4.3	1,975	1,424 - 2,526
Cocaine	5.1	2.7	1,240	918 - 1,562

*Non-medical

It should be noted that the estimates cited above relate to students. They do not, therefore, include drug-use among persons within the age group of 12 to 19 who are not in school.

In addition, the estimates used above may under-estimate actual utilization for both youth and adults because these figures represent provincial "averages" and utilization tends to be higher in urban areas such as Hamilton-Wentworth.

Services

A number of agencies and institutions are involved in providing services within the drug and alcohol sectors - Alternatives for Youth, Bold Park Lodge, Alcohol and Drug Assessment Service, St. Leonards House, Teen Challenge, Alcoholics Anonymous, Hope Haven Homes, and Wayside House, as well as the three hospitals - McMaster-Chedoke, The Civics and St. Josephs.

Co-ordination

Nine agencies meet under the auspices of the District Health Council as their Addictions Committee. Nine organizations also meet under the auspices of the AATD for the purpose of responding to addiction problems among youth.

Priorities

Neither of the co-ordinating bodies identified above have formally identified priorities with respect to addiction services. However, the local Substance Abuse Monitor 1989 report from the ARF identified the following unmet needs among clients who were accessing services between January 1, 1988 and March 31, 1989.

Intervention Type	Number of Clients Unable to Engage
Alcohol/Drug Short-term Residential	67
Alcohol/Drug Outpatient Counselling	30
Alcohol/Drug Self Help Group	10
Alcohol/Drug Family Education	5
Alcohol/Drug Long-Term Residential	5
Psychiatric Assessment	4
Assertiveness Training	4
Separation/Divorce Counselling	3
Sexuality Counselling	3

ADULT DISABLED PERSONS

Incidence

The 1986 Health and Activities Limitations Survey provides the most complete count of disabled persons living in private households in Hamilton-Wentworth. According to that survey, 37,835 persons aged 15 and over in private households were suffering from some form of non-psychiatric disability in the Region.

	Age Group	
Degree of Disability	15-64	65+
Mild	7,780	3,140
Moderate	10,025	7,545
Severe	5,250	4,095
	23,055	14,780

	Age Group	
Type of Disability	16-64	65+
Mobility	17,430	12,555
Agility	15,405	11,125
Seeing	2,385	3,680
Hearing	3,170	4,765
Speaking	-	-
Other	6,020	2,505

Co-ordination

The Regional Advisory Committee on the Physically Disabled includes most of the services which provide direct services to adult disabled persons. This group has established a Long Term Care Sub-Committee which is in the process of carrying out a needs and priorities study within this area of survey.

Priorities

The results of the needs and priorities study, discussed above, are expected to be available in March, 1991.

AIDS

In 1989, the Regional Municipality of Hamilton-Wentworth established an AIDS Prevention Task Force which presented its report to Regional Council in November 1990. The report contained a total of 34 recommendations involving a variety of sectors and issues. The task force endorsed anonymous testing and a needle exchange program for the Region.

With respect to existing community and social service agencies, it was recommended that:

- All agencies develop policies pertaining to clients and staff who are either HIV+ or infected with AIDS.

- All agencies identify liaison staff with special training in AIDS related issues.

With respect to new programs, the task force supported the need for a residential service for persons with AIDS and a support service for their loved ones.

The report's recommendations are attached.

3.0 EXECUTIVE SUMMARY–TASK FORCE RECOMMENDATIONS

Recommendation 1

a) That an AIDS Task Force Implementation Subcommittee be established;

b) That this Subcommittee organize and follow through on the recommendations made by the AIDS Prevention Task Force;

c) That this subcommittee report to and liaise with the Health and Social Services Committee.

Recommendation 2

a) That the AIDS Task Force Implementation Subcommittee continue to liaise with the Special Immunology Clinic and H.A.N.D.S.;

b) That the subcommittee foster communication with other community organizations and agencies concerned with AIDS;

Recommendation 3

a) That the new reporting procedure for AIDS statistics be adopted by the Department of Public Health Services and Regional Council;

b) That the Medical Officer of Health report statistics regarding HIV infection and AIDS to the Health and Social Services Committee every three months for information.

Recommendation 4

a) That the Ministry of Health be requested to continue to evaluate the effectiveness of the media campaigns concerning AIDS;

b) That the Ministry be requested to continue to support a media program of AIDS education consistently over a period of time.

Recommendation 5

That it be acknowledged by those developing and delivering education programs that, to be of greatest benefit, such programs must not be limited just to providing information, but must also address attitudes;

Recommendation 6

a) That the three local Boards of Education be requested to thoroughly evaluate their existing educational programs and identify students' learning needs around AIDS-related issues;

b) That pre and post intervention surveys be incorporated into any new AIDS education programs in order to evaluate their success;

c) That the Department of Public Health Services continue to be involved in AIDS education in schools in the Region;

d) That the effectiveness of peer education be recognized by the local Boards of Education.

Recommendation 7

That the AIDS Task Force Implementation Subcommittee facilitate the sharing of educational resources amongst the three local Boards of Education.

Recommendation 8

That the Ministry of Health be requested to include information addressed toward lesbian/gay people and I.V. drug users in its AIDS publicity campaigns.

Recommendation 9

a) That the Regional Municipality of Hamilton-Wentworth recognize that injection drug abusers are a vulnerable population which is at risk for a wide range of health problems, one of which is HIV infection;

b) That Regional Council acknowledge that compassion and action are necessary in order to respond to the needs of this population.

Recommendation 10

That there be coordination and modification of existing educational resources and services in the Hamilton-Wentworth Region in order to address:

a) training of staff who work with injection drug abusers in the provision of education regarding risk of AIDS, safer use of needles (acquisition, cleaning and disposal), safer sexual behaviour, and treatment options;

b) networking between agencies so that staff are aware of the various services available to help injection drug abusers;

c) existence of sufficient drug treatment facilities so that those individuals who want to cease using drugs will have access to treatment without significant delay;

d) public education, via an information campaign, regarding the resources available for the disposal of needles found in the community.

Recommendation 11

a) That the implementation Subcommittee be directed to investigate the establishment of a multifaceted program in this region which will provide the following services to injection drug abusers:
-education and counselling
-provision of condoms and needle disinfection kits
-distribution of clean needles in exchange for contaminated ones
-referral to appropriate medical, social and drug treatment services

b) That an additional component of this program be an evaluation of its impact on the problem of injection drug use and HIV transmission;

c) That the implementation Subcommittee be requested to further explore this matter with the Regional Police and other interested parties;

d) That the Department of Public Health Services be asked to form a committee to identify potential providers and to further investigate funding sources;

e) That the program must be approved by Regional Health and Social Services Committee and Regional Council before it is implemented.

Recommendation 12

That the schools of medicine and nursing be requested to address the issue of AIDS adequately in their curriculum.

Recommendation 13

That the Department of Public Health Services expand its educational services to health professionals who would like more information on AIDS-related issues.

Recommendation 14

a) That social service and health care agencies and facilities in the region be requested to develop a policy with respect to public service issues related to HIV infection and AIDS;

b) That the Department of Public Health Services be available to assist with this policy development.

Recommendation 15

a) That the Hamilton Academy of Dentistry ensure accessibility to dentists for HIV+/AIDS patients in the Hamilton-Wentworth Region and the provision of dental care which preserves patients' dignity;

b) That a list be kept with the Hamilton Academy of Dentistry of dentists willing to treat these individuals.

Recommendation 16

a) That the Hamilton Academy of Medicine ensure accessibility to doctors for HIV+/AIDS patients in the Hamilton-Wentworth Region and the provision of medical care which preserves patients' dignity;

b) That a list be kept with the Hamilton Academy of Medicine of doctors willing to treat these individuals.

Recommendation 17

a) That the need for a residential facility which provides support services for persons with AIDS in the region of Hamilton-Wentworth be acknowledged;

b) That an invitation be extended for community proposals to establish this type of facility.

Recommendation 18

That the Ministry of Health be asked to expand its programmes to include a focus on women and children with HIV infection and AIDS.

Recommendation 19

a) That the local Children's Aid Society and Catholic Children's Aid Society be requested to consider implementation of a special programme for respite care, foster care or adoption of children with the AIDS virus, depending on the needs of the family;

b) That these Societies be requested to provide support and encouragement to families of these children.

Recommendation 20

That the issue of coordination of services to persons with AIDS be referred to the AIDS Task Force Implementation Subcommittee.

Recommendation 21

a) That the Ministry of Community and Social Services be requested to recognize the need for support services for loved ones of people with HIV infection, including parents, lovers, siblings, and children;

b) That the Ministry provide special funding to municipalities willing to provide support and counselling to loved ones of individuals with HIV infection or AIDS;

Recommendation 22

That local professional organizations be requested to consider establishing a joint support group for health and other care providers who are working with persons with HIV infection and AIDS.

Recommendation 23

That the Regional Social Services Department and Social Services Agencies, identify primary contact persons to act as liaison for people living with HIV infection, in order to assist in maximizing access to departmental services.

Recommendation 24

That the Ministry of Health be requested to consider covering the cost of drugs prescribed in cases of catastrophic illnesses such as AIDS, for people who are not covered by a private drug plan and do not qualify for the provincial government's drug benefit plan.

Recommendation 25

a) That the Hamilton and District Funeral Directors Association insure funeral homes in Hamilton-Wentworth provide full services available for individuals dying of AIDS-related illness;

b) That the Department of Public Health Services be available to assist with policy development and appropriate education for funeral home staff upon request.

Recommendation 26

That the Ministry of Health ensure that hospitals in the Hamilton-Wentworth region continue to carry out autopsies on AIDS-related deaths as required.

Recommendation 27

a) That the Regional Municipality of Hamilton-Wentworth review the policies on AIDS and the workplace developed by the local District Health Council and those developed by other regions, and adopt a policy similar to these;

b) That the Human Resources Department be requested to provide in-house training for department heads to ensure awareness and knowledge of the policy.

Recommendation 28

a) That all area municipalities be encouraged to adopt a similar policy regarding AIDS and the workplace;

b) That all social service and health care agencies in Hamilton-Wentworth be requested to adopt and implement an AIDS and the Workplace Policy;

c) That all employers which employ more that five people be requested to adopt and implement an AIDS and the Workplace Policy.

Recommendation 29

a) That the Department of Public Health Services hire for a two-year period, the necessary number of people, as determined by the Medical Officer of Health, to assist with the development and implementation of AIDS and the Workplace policies for employers in Hamilton-Wentworth;

b) That these individuals conduct workshops, in-service training and educational sessions on AIDS issues in workplaces in the Hamilton-Wentworth Region, as requested;

c) That the hiring of these people be conditional on 100% funding approval from the Ministry of Health.

Recommendation 30

That anonymous testing be supported in the Hamilton-Wentworth Region.

Recommendation 31

That support be given to proposals from the Hamilton-Wentworth Region to participate in the research study on anonymous testing to be organized by the Ministry of Health.

Recommendation 32

That a recommendation be made to the Ministry of Health that AIDS not be designated as a virulent disease.

Recommendation 33

That a recommendation be made to the Ministry of Health that the upcoming review of the Health Protection and Promotion Act consider amendments which will strengthen confidentiality and increase protection against discrimination for HIV-positive individuals and persons with AIDS.

Recommendation 34

That the Ministry of Community and Social Services consider funding a programme in which a person is available to act as advocate within the community in dealing with complaints of discrimination against people with AIDS.

CHILD AND FAMILY INTERVENTION SERVICE

Incidence

Services relevant to this sector are those which provide interventions to children and or the child's family for a wide variety of social emotional and/or behaviourial problems experienced by children and their families. This sector does not include psychiatric/mental disorders (Child Treatment Sector) or protective services (Child Welfare Services).

Child and family services respond to a wide variety of family issues and problems. In 1986, there were a total of 115,490 families in the Region-75,680 of which had children still living at home. Nineteen percent of the families, which still had children at home, were headed by lone-parents (14,415).[4]

A total of 16,780 families lived below the Statistics Canada low-income cut-off point in 1986. According to census results, 8185 families were spending more than 30% of their income on rent payments and 7,525 owners were spending more than 30% of their income on payments.[5] These statistics are commonly utilized as indicators of economic pressures on families.

Services

Agencies represented in this sector within AATD are: Charlton Hall, Chedoke and Family Centre, Child and Adolescent Services, Lynwood Hall, Webber House, Wesley House and Woodview/Canada House.

Priorities

The AATD Spectrum Report identified the following priorities within this

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4 Statistics Canada. Population and Dwelling Characteristics - Census Divisions and Sub-divisions, Ontario: Part 2. Catalogue No. 94-112.

5 Ibid.

sector.[6]

1) Comprehensive treatment response to victims of sexual abuse.

2) Crisis consultation/bridging service for adolescents.

3) Multidisciplinary assessment/diagnosis response to pre-schoolers within a community development model.

4) Intensive assessment and stabilization service for children.

5) Latency age day treatment program with social skills.

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6 Association of Agencies for Treatment and Development, Spectrum Report, 1990.

CHILD TREATMENT

Incidence

This sector includes all services which are designed for children with a mental or psychiatric disorder and/or for the family of children with a mental or psychiatric disorder.

The 1983 Ontario Child Health Study provides the best prevalence estimate of mental health problems among children.[7] This survey examined the prevalence of four common psychiatric disorders among children aged four to sixteen in the Province of Ontario. The disorders included were neurosis, somatization, conduct disorders and hyperactivity. The results indicated that, in urban areas, 19.6 percent of children aged 4 to 16 suffer from one or more of these disorders.

If this estimate is applied to the 1988 population figure for Hamilton-Wentworth, an estimate of 13,818 is yielded as the best available "count" of the number of children suffering from one or more of these disorders in Hamilton-Wentworth.

Services

Only one service is specifically funded to service this population in Hamilton-Wentworth: Chedoke Child and Family Centre.

Priorities

The most recent Spectrum Report from AATD identified the following priorities within this sector (in order of priority).[8]

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7 Ministry of Community and Social Services, Ontario Child Health Study: Summary of Initial Findings, 1986.

8 Association of Agencies for Treatment and Development. Spectrum Report, 1990.

1) Specific Expert Therapy for Family Violence and Sexual Abuse - an integrated therapy for families, victims, perpetrators of sexual and physical abuse.

2) Pre-School Community-Based Assessment and Treatment Program - an assessment and consultation service for pre-schoolers in day care programs with a focus on behaviourial/emotional problems.

3) Latency Age Day Treatment - a range of therapies for children aged 6 to 12 who do not fit into conventional community programs.

4) Adolescent In-patient Beds - an in-patient service for 13 to 19 year olds.

5) Adolescent Emergency Service - an emergency 24-hour service for adolescents.

6) Summer Treatment Program - a special program for children who are not manageable within conventional summer camp programs.

7) Intensive Child Treatment Program - a service available on an urgent basis to children (under 12 years of age) who would otherwise require in-patient hospitalization.

CHILD WELFARE

Incidence

This sector includes services which are primarily responsible for child protection and adoption. They may be residential or non-residential in nature and could involve individual and/or family counselling as well as preventative services.

Unfortunately, there are no generally accepted estimates of the rate of child abuse in a population during a specified period of time. Statistics from the Children's Aid Societies provide an indication of the number of cases which come to the attention of child welfare agencies but there are no estimates available of the proportion of cases which do not come to their attention.

The most recent estimate of the number of children who are victims of sexual abuse is available from the 1990 Report of the Committee on Sexual Offences Against Children and Youth. This study predicted the 25% of girls and 10% of boys will be molested before the age of ten.[9]

During 1989, the two Children's Aid Societies in Hamilton-Wentworth investigated a total of 1120 cases of alleged child abuse - an increase of 32.1% over 1988. There was an increase of 21% in the number of investigations related to physical abuse (n=657) and an increase of 51% in the number of investigations related to sexual abuse (n=463).

During the same period, 430 cases were judged to be severe enough to warrant police investigation. One hundred and twenty of these cases (27.9%) were judged to be unfounded with respect to the filing of charges. Criminal charges were laid in 87 cases, and 144 were judged to constitute abuse but were resolved through other than criminal charges.

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9 Committee on Sexual Offences Against Children and Youth. Ottawa, Government of Canada Publishing Centre (1989).

Of the 1120 referrals to the two Societies, 55% were females (622) and 45% were males (498). Females were much more likely to be sexually abused(51%) than males (29%).

In total, then, 622 females, aged 16 and under, were in contact with local Children's Aid Societies in 1989.

This represents a rate of 15 per 1000 female children. The corresponding figure for males is 11 per 1000. As presented below, the primary cause of this difference is the lower rate of sexual abuse investigations among males.

	Male	Female
Physical	8/1000	7/1000
Sexual	3/1000	8/1000

Estimates are available with respect to the percentage of the adult population who have experienced unwanted sexual acts - 1 in 2 females and 1 in 3 males. Eighty percent of these unwanted acts occurred in childhood. (Badgely, 1984).[10]

If these figures are applied to the current population of the Region, 71,800 adult females in Hamilton-Wentworth were the victims of unwanted sexual acts as children. The corresponding figure for males is 44,511.

Services

Two agencies are specifically funded to provide Child Welfare Services in Hamilton-Wentworth: the Children's Aid Society and Catholic Children's Aid Society. It should be noted that treatment services for abused children are addressed in the Child Treatment and Child/Family Intervention sections of this report.

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10 Badgely, R. F. Sexual Offences Against Children. Ottawa, Government of Canada Publishing Centre (1984).

Co-ordination

The two Children's Aid Societies meet under the auspices of AATD to review priorities.

Priorities

The 1989 Spectrum Report of AATD presented the following priorities for the child welfare sector:

1) Alternate to Care Program for Adolescents - a non-residential program for adolescents in conflict with their parents.

2) Treatment of Hard to Serve Children - a specialized treatment service for children from disfunctional families with emotional and developmental difficulties.

3) Family Support Program - an effective-parenting and behaviour management program for high-risk protection cases.

COMMUNITY SUPPORT SECTOR (CHILDREN AND YOUTH)

Incidence

Services within this category include all support services or prevention services for children and/or their families which are designed to reduce the incidence of new clients requiring service. These services include two distinct approaches -

a) efforts designed to modify a stressful environment

b) efforts designed to strengthen the ability of families and individuals to cope with stress

As a result of the preventative nature of these services, specific statistics related to the incidence of problems are not relevant.

Services

A wide variety of organizations in Hamilton-Wentworth offer preventative/support programs as one component of the services.

Co-ordination

Thirty-two agencies have formed the Prevention Network - a co-ordinating body which meets under the auspices of the AATD.

Priorities

The Prevention Network has identified the following service needs, in order of priority:[11]

1) Teen Peer Supportive Counselling: A teen support counselling program for students from grades 6 to 13 for the promotion of mental health and coping abilities.

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11 Association of Agencies for Treatment and Development, Spectrum Report, 1990.

2) Seniors and Kids Together: A program to link seniors together in leisure activities.

3) Education Needs and Self Esteem: Primary prevention services such as programming in the schools which would place special emphasis on self-esteem and the emotional needs of children.

4) Increase educators' awareness about mental health issues.

5) Assist ethnic minorities to live successfully in our society.

6) Parent Support Workers: An in-home support service to families defined as "at risk".

DEVELOPMENTALLY HANDICAPPED

Incidence

According to commonly accepted prevalence estimates, there are approximately 2020 developmentally handicapped children and adults in Hamilton-Wentworth (406 children/1614 adults).[12]

Approximately 890 developmentally handicapped children and adults are being served by agencies in the Region.

Services

The primary service providers within this sector are: the Hamilton Association for Community Living, Chedoke Child and Family Centre, Rygiel Home, Robert Mac Home, the two Children's Aid Societies, and Christian Horizons.

The key continuing service trend within this sector relates to a shift to community care from traditionally, institutional-based system of care. By the middle of this decade, the Province plans to move all institutional residents to community care settings.

Co-ordination

The Co-ordinating Council for the Developmentally Handicapped is the local co-ordinating body for this sector of services. The CCDH operates under the auspices of the Association of Agencies for Treatment and Development (AATD).

Priorities

In June, 1990, the Spectrum report of AATD identified the following priorities for this sector of services:

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12 Association of Agencies for Treatment and Development, Personal Communication.

a) Priority One

1) An in-home respite care service to meet the individual needs of physically disabled and medically fragile children and their families.

2) A residential respite care service for children who have special needs in addition to their developmental handicaps.

b) Priority Two

1) A long-term residential service for developmentally handicapped children and adolescents.

c) Priority Three

1) A 4 - 6 bed in-patient unit for assessment and short-term treatment.

2) Enhanced day nursery programs to facilitate integration of developmentally handicapped children into regular nursery and school programs.

d) Priority Four

1) Improved transportation services.

2) Case management services for developmentally/physically handicapped children and adolescents.

e) Priority Five

1) Sexuality training for developmentally handicapped children.

EDUCATION SECTOR

Incidence

This sector is composed of the three Boards of Education which operate within Hamilton-Wentworth.

The problems which are addressed by these Boards encompass a broad spectrum of child and adolescent issues and, consequently, no attempt has been made to estimate the prevalence or incidence of problems within the students of the three Boards. Most of the estimates pertaining to the needs of children and adolescents, which are provided in other sections of this report, are relevant to this sector.

Services

The three Boards of Education within Hamilton-Wentworth are: the Board of Education for the City of Hamilton; Hamilton-Wentworth Roman Catholic Separate School Board; and the Wentworth County Board of Education.

Co-ordination

The Boards of Education are involved in a number of co-ordinating bodies within Hamilton-Wentworth. For the purpose of priority-establishment, they meet under the auspices of the AATD.

Priorities

According to the 1989 Spectrum Report of AATD, the following priority needs were established within the education sector:

1) Ongoing programs which provide flexible and creative educational alternatives for students who do not respond to traditional education alternatives (high risk "drop-outs").

2) Group programs in schools to assist students to deal with social issues (family separation/divorce, social skills).

3) After school programs for students living in areas which do not have easy access to recreational and/or school programs.

4) Mental health consultation services to school boards.

5) Curriculum development which encourages holistic thinking which promotes a student's ability to deal with a wide variety of personal and societal issues.

HOUSING

Incidence

The magnitude of the affordable housing problem in Hamilton-Wentworth has increased dramatically during the past five years as a result of sky-rocketing real-estate prices.

Between 1986 and 1988, for example, the median price of dwellings sold in Hamilton-Wentworth increased by 55%. In 1986, 56% of Regional households could afford to buy a median priced unit - by 1988, this figure had fallen to 37%.

These market factors created a rapid increase in demand for assisted housing for low-income families and individuals in the Region. The magnitude of this demand is illustrated in the average annual waiting list of the Hamilton-Wentworth Housing Authority.

Year	Average Annual Waiting List
1982	946
1983	953
1984	815
1985	843
1986	882
1987	1153
1988	1240
1989	1559

Services and Policy Initiatives:

As a result of the deteriorated housing situation, a number of new initiatives were implemented. At the Provincial level, increased allocations of non-profit units and a new Access to Permanent Housing program were implemented. The Province also developed a policy which would require municipalities to ensure that at least 20% of new housing starts are priced in an "affordable range".

The impact of the non-profit housing allocations in Hamilton-Wentworth have been limited by a shortage of available land within the price range supported by

the Provincial grants for each unit of non-profit housing. The Access to Permanent Housing Program resulted in the funding of two new support services in the Region: the Housing Help Centre and a supportive skills-development program at the YWCA.

The Provincial Ministry of Housing also provided funding to a local project designed to increase the involvement of the labour movement in the problem of affordable housing. This project has resulted in a decision by USA Local 1005 to become a sponsor of non-profit housing in the Region.

Co-ordination:

Three groups currently serve a co-ordinating function within the housing sector:

1) The Regional Chairman's Task Force has brought together representatives from all sectors involved in housing to develop proposed solutions to the affordable housing crisis in the Region.

2) The Access to Permanent Housing Committee is composed of agencies providing housing services or services to the homeless.

3) The Social Housing Action Committee of the SPRC also includes a range of service providers in developing public education and advocacy initiatives.

Priorities:

The dramatic increase in housing prices which has brought about the affordable housing crisis is primarily the result of escalating land prices. This, in turn, has been due to market forces which are not directly due to the supply of vacant land in the Region - Hamilton-Wentworth currently contains enough vacant residential land for an additional 47,000 units - a 15 to 20 year supply of vacant land. The increase in land prices, consequently, was largely due to demand increases which allowed the price of developable land to escalate dramatically.

Although the Regional Chairman's Task Force will not be making recommendations until the Spring of 1991, a number of general priorities have

emerged:

1) A need for more assisted housing units

2) A need for increasing housing intensification

3) A need for increased public acceptance of assisted-housing and intensification strategies

4) A need for increased support services to existing residents of assisted housing, with particular emphasis upon child care, transportation, and skills development programs for children.

The Role of Foundations:

In 1988, the SPRC completed a study for the Martin Foundation which reviewed the potential role of local Foundations in housing. American Foundations play a very significant role in the construction of assisted housing units in US cities and the purpose of the SPRC study was to examine the feasibility of similar initiatives in Hamilton-Wentworth.

This study concluded that there was not a significant role for local Foundations in the construction of units in Hamilton-Wentworth, for the following reasons:

1) In U.S. inner cities, Foundations are able to purchase lots for minimal sums, whereas it would be necessary to pay market value in Hamilton-Wentworth.

2) In the U.S., Foundations provide private funding for initiatives which are Government funded in Ontario.

3) Local Foundations do not possess the financial resources required to develop housing units based upon current market prices.

The report did conclude that there was a potential role for Foundations in funding support services for the homeless or "at risk" groups and in supporting public education initiatives which are designed to increase neighbourhood acceptance of assisted housing and intensification efforts.

ILLITERACY

Incidence:

A recent report on literacy services in Hamilton-Wentworth estimated that approximately 74,000 Canadian-born residents of Hamilton-Wentworth are functionally illiterate.[13]

The link between illiteracy and poverty has been well-established. A recent survey by Statistics Canada found that almost half of the population who had an income of less than $10,000 per year experienced literacy problems.[14] Illiteracy is clearly understood to be an important causal factor in poverty.

The relationship between literacy and poverty is cyclical in nature - not only is illiteracy a cause of poverty, but the reverse is also true. In Canada, poor children are twice as likely to drop out of school as their non-poor counterparts.

Services:

At present, a number of individual services operate in Hamilton-Wentworth to provide literacy training:

City of Hamilton Board of Education
Hamilton-Wentworth Roman Catholic Separate School Board
Wentworth County Board of Education
Mohawk College
Hamilton and District Labour Council: Worker Education Centre
Hamilton Public Library
Hamilton-Wentworth Department of Social Services
Learning Disabled Association of Hamilton-Wentworth

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13 Adult Basic Education Association of Hamilton-Wentworth. A Description of a Community Based Adult Basic Education Network. July, 1990.

14 Statistics Canada. Reading Between the Lines. Perception. CCSD., Summer, 1990.

Co-ordination:

All of the service providers listed above are members of the Adult Basic Education Association of Hamilton-Wentworth. In addition to providing a co-ordinating function for service providers, the ABEA operates an Adult Basic Education Hotline. This service is designed to provide members of the community with information about literacy resources. In 1990, it is expected that the hotline will handle over 1200 calls.

Sector-Based Priorities:

During the past year, the ABEA membership was involved in a series of priority-setting workshops for the purpose of identifying key priorities within the adult basic education sector. A strong consensus was obtained pertaining to high priority rankings for the following two areas:

1) Increased resources to literacy training to reduce existing waiting lists.

2) Increased ability to meet "non-literacy" needs of students:

- child care
- transportation
- ongoing support/personal counselling
- program information
- support to significant others
- employment counselling

MULTICULTURAL SERVICES

During 1989 and 1990, the Social Planning and Research Council of Hamilton and District carried out a study of diverse racial and cultural groups' access to social services. The final report contained 20 recommendations which were relevant to a wide variety of service areas. The recommendations concerning new and expanded services included the following -

- the development of a cultural interpreters service
- the development of an educational program for sensitizing staff and volunteers to cultural and racial issues
- expansion of English as a Second Language Programs

The Executive Summary and recommendations are attached.

EXECUTIVE SUMMARY

Introduction

The Regional Government asked the Social Planning and Research Council of Hamilton and District (SPRC) during the Spring of 1989 to undertake a study of the accessibility of the social service system in Hamilton-Wentworth for the diverse cultural and racial population. Accessibility refers to the securing of needed services by a consumer; this is not synonymous with the availability of services. Access to services is affected by the following types of barriers: lack of information, cultural differences, the service is too expensive, or the client has to travel too far to get to the service. Client access refers to the extent to which clients are able to get needed services whereas organizational access is the extent to which clients are represented and participate in the planning and implementation of services as volunteers (e.g., Board member) or staff people. This report focuses on both these types of access. The other important definition is racial and cultural population. For the purpose of this report, diverse racial and cultural population includes Native Canadians, immigrants and refugees.

Purpose

The main purpose of this study was to document the accessibility of the social service system to the diverse racial and cultural population of Hamilton-Wentworth. The specific objectives of the project were to -

a) review and highlight existing and relevant reports on this topic;
b) develop a profile of the diverse racial and cultural population living in Hamilton-Wentworth;
c) develop a profile of existing generic and ethno-specific services regarding staff resources (and programs) available to deal with the needs of various racial and cultural groups and to develop a profile of the ethnic/mother tongue type and number of clients being served;
d) identify barriers to accessing services as well as barriers to organizational access (e.g., access to policy making, agency decision making, etc.);
e) identify goals necessary to reduce the barriers found in d) above;
f) priorize the goals and develop consensus around a model or models for increasing the accessibility of services to diverse cultural and racial groups (if the community is ready to develop a model).

National, Provincial and Local Context

During 1990, the federal government is planning for the in-migration of between 165,000 and 175,000 immigrants and refugees. This range will be surpassed if the past few years are an indication of what will happen in 1990. In general, the proportion coming from Asia and other non-European areas has increased while the share from Europe has declined (based on the 1986 Census).

During the past 10 years Ontario has received between 44% and 55% each year of the total number of immigrants and refugees coming into Canada. Asia and the Pacific Islands accounted for approximately 41% of immigrants destined for Ontario in 1988 - the largest percentage. In 1988, Toronto was the destination

of 63% of the immigrants to Ontario. During the 1980s, Hamilton was the destination of between 2% and 4% yearly of the immigrants to Ontario.

Census data for the Hamilton Census Metropolitan Area includes data for 17 mother tongue groups for 1976, 1981 and 1986. Sex, age, yearly personal average income and labour force participation rates are presented for 17 mother tongue groups for the 1986 Hamilton CMA Census. Place of birth data and ethnic origin data are also presented for the Region of Hamilton-Wentworth for 1986.

Census data only tell part of the story though. Immigrant landings between 1986 and 1989 provide an update on the 1986 Census. Approximately 9,500 permanent residents indicated Hamilton-Wentworth was their intended destination during these four years. It is noteworthy that Hamilton-Wentworth has received an increasing proportion of permanent residents from Europe and Asia over the last 4 years but a decreasing proportion from North, Central and South America and the Caribbean based on this data base.

However, these numbers do not include refugee claimants. There could be approximately 3,472 refugee claimants in the old refugee backlog system and another 588 (since January 1990) in the new streamlined refugee determination process. One organization in Hamilton-Wentworth indicated the majority of the approximately 1,600 refugee claimants they work with came from Central and South America.

Special Topics in the Literature

A number of special topics recur in the literature. Mental health was seen as an important topic in the service sector literature. In the literature that focused on target groups, seniors and women were seen to have special needs and unique accessibility concerns. Race relations was also a prevalent theme.

Literature on Barriers to Accessing Services

Two major studies were used as a guide for this Hamilton-Wentworth study. The Toronto Social Planning Council and the Ottawa/Carleton Social Planning Council carried out two year studies on the accessibility of social and health services. These two studies showed that cultural and information barriers were most prevalent and inhibited access to services.

Hamilton-Wentworth Methodology

This project was guided by action research principles which included the participation of people who must take action to change a certain situation, the formulation of a citizen advisory committee, the continual feedback of survey and workshop information to participants for verification and the organization of workshops for service providers and citizens to dialogue about issues and to network.

The activities that took place were a telephone survey of a sample of social service agencies, a mailed survey on barriers to access and necessary goals to reduce those barriers, a Board of Directors mail survey, workshops for service providers and workshops for citizens.

Findings and Recommendations

The review of Census data showed some unusually high proportions of seniors in some mother tongue groups (i.e., between 18% and 34% of their population were 65+). Native, refugee and immigrant women in this seniors category require special consideration given that other study results show that fewer women than men speak English or French. Therefore, the community supports the following:

1. THAT IN ORDER TO PLAN EFFECTIVELY FOR THE DIVERSE RACIAL AND CULTURAL SENIORS POPULATION, A PROJECT SHOULD BE CARRIED OUT THAT FOCUSES UPON WHICH GROUPS OF ELDERLY HAVE GREATER ACCESS PROBLEMS AND WHAT SOLUTIONS SHOULD BE DEVELOPED AND PUT IN PLACE TO MAXIMIZE THE APPROPRIATENESS OF SERVICES AND THEIR REFERRAL MECHANISMS. SPECIAL ATTENTION SHOULD BE PAID TO WOMEN IN THIS SENIORS CATEGORY.

Approximately 9,500 permanent residents were destined to Hamilton between 1986 and 1989. There could also be approximately 4,000 refugee claimants in the old and new refugee determination systems. But who is working with these people? Neither the formal service system or the informal ethno-specific system are fully aware of what each system is doing in Hamilton-Wentworth. Therefore, the community supports the following:

2. THAT A WORKSHOP BE ORGANIZED IN THE FALL OF 1990 WITH ETHNO-SPECIFIC GROUPS AND AGENCIES TO MAP THE COMMUNITY OF SERVICES (THAT IS, DEVELOP AN INVENTORY OF SERVICES) AND HOW NATIVE CANADIANS, IMMIGRANTS AND REFUGEES ARE (OR ARE NOT) ACCESSING NEEDED SERVICES. THIS MAP COULD THEN BE USED AS AN IMPORTANT FOUNDATION WHEN DEALING WITH THE IMPLEMENTATION OF OTHER RECOMMENDATIONS (e.g., MORE COLLABORATION BETWEEN AGENCIES).

Both the Ottawa and Toronto studies noted the low response rates in their attempt to collect client utilization, staff and volunteer data. SPRC in Hamilton also had a low response rate for the Board of Directors' survey. Therefore, the community supports the following:

3. THAT AGENCIES IN THE GENERIC SOCIAL SERVICE SYSTEM REVIEW THEIR STAFF AND VOLUNTEER RECORDS (e.g., BOARD OF DIRECTORS, ETC.) AND ENCOURAGE THE COLLECTION OF THE FOLLOWING INFORMATION: ETHNICITY, MOTHER TONGUE, HOME LANGUAGE, AND COUNTRY OF ORIGIN. THESE DATA WILL BE VALUABLE BASELINE INFORMATION FOR THE FUTURE DEVELOPMENT OF CULTURALLY SENSITIVE AND RELEVANT SERVICES.

In the service provider survey focusing on barriers and goals (for which there was a 53% response rate), all four information barriers were seen as barriers by at least two-thirds of the ethno-specific respondents. Information that is available in English and/or print only inhibits access to services. Therefore, the community supports the following:

4. THAT EACH SOCIAL SERVICE AGENCY PRODUCE A BRIEF PAMPHLET IN A VARIETY OF LANGUAGES ABOUT THE SERVICES THEY OFFER WITH ATTENTION TO LITERACY LEVEL AND THE USE OF PICTURES WHEREVER POSSIBLE TO DESCRIBE THEIR SERVICES. AS WELL, AUDIO AND VISUAL AIDS COULD BE MADE AVAILABLE TO EXPLAIN SERVICES. THE AUDIO AND VISUAL AIDS SHOULD BE DEVELOPED COLLABORATIVELY WITH THE MINISTRY OF CITIZENSHIP (AND OTHER

MINISTRIES) BECAUSE THE MINISTRY HAS ALREADY BEGUN TO DEVELOP SOME OF THESE MATERIALS.

5. THAT A PAMPHLET, WRITTEN IN A VARIETY OF LANGUAGES, BE WIDELY DISTRIBUTED IN THE COMMUNITY THAT SIMPLY LISTS WHO AND WHERE IN HAMILTON-WENTWORTH ONE SHOULD CALL IF ONE HAS ANY QUESTIONS ABOUT HOUSING, EMPLOYMENT, INCOME ASSISTANCE, EDUCATION, ESL, ETC. THE PAMPHLETS COULD BE MARKETED AND USED EXTENSIVELY IN ESL CLASSES. (THESE PAMPHLETS WOULD BE SEEN AS AN ADDITION TO THE NEWCOMER'S GUIDE TO ONTARIO.)

The other major finding in these survey results was the large number of cultural barriers that service provider respondents agreed exist. Acknowledging that these were barriers then led workshop participants into a goal setting exercise in which cultural interpreters were seen as the top priority. Therefore, the community supports the following:

6. THAT A PAID, CULTURAL INTERPRETER PROGRAM BE DEVELOPED IN HAMILTON-WENTWORTH TO INCREASE THE NUMBER OF INTERPRETERS (AND REDUCE THE RATE OF TURNOVER) AVAILABLE TO ASSIST CLIENTS TO COMMUNICATE WITH STAFF OF GENERIC AGENCIES.

A second goal, related to the barrier of a lack of cultural understanding by service providers, was the need to sensitize generic service providers about different cultures, races and issues. Therefore, the community supports the following:

7. THAT A LOCAL ORGANIZATION BE FUNDED ADEQUATELY TO DEVELOP AND IMPLEMENT AN EDUCATIONAL MODEL TO BE USED IN GENERIC AGENCIES TO SENSITIZE GENERIC AGENCY STAFF AND VOLUNTEERS ABOUT DIFFERENT CULTURES AND A VARIETY OF CULTURAL AND RACIAL ISSUES IN THE GLOBAL AND LOCAL COMMUNITIES.

8. THAT WITHIN ALL GENERIC AGENCIES, STAFF AND VOLUNTEERS DISCUSS, DEVELOP AND COMMIT THEMSELVES TO SERVE EQUALLY THE DIVERSE RACIAL AND CULTURAL POPULATION OF HAMILTON-WENTWORTH AND THE GENERAL POPULATION.

A third goal related to the need to reduce the barrier of lack of information as well as increase cultural understanding, focused on the need to increase cooperation and collaboration between generic and ethno-specific agencies. Therefore, the community supports the following:

9. THAT THE LEVEL OF COLLABORATION AND COOPERATION BETWEEN GENERIC AND ETHNO-SPECIFIC AGENCIES BE INCREASED IN ORDER TO HAVE BETTER INFORMATION AVAILABLE TO THE CLIENT REGARDLESS OF HIS/HER POINT OF ACCESS INTO THE SOCIAL SERVICE SYSTEM.

Societal goals were also addressed. Sensitizing the general population, increasing cooperation between the general population and ethno-specific communities and promoting awareness of cultural and racial diversity were all seen as ongoing and long term. Therefore, the community supports the following:

10. THAT THE LOCAL MEDIA (e.g., NEWSPAPERS, RADIO AND TELEVISION) AND THE MAYOR'S RACE RELATIONS COMMITTEE FACILITATE THE DEVELOPMENT OF FEATURE ARTICLES/STORIES ON A VARIETY OF RACIAL AND CULTURAL COMMUNITIES IN HAMILTON-WENTWORTH, THEIR CONTRIBUTIONS TO THE REGION, AND BEGIN TO DISPEL MANY OF THE MYTHS AND STEREOTYPES THAT EXIST. THIS, IN TURN, WOULD LEAD TO A MORE INFORMED PUBLIC.

It is noteworthy that the citizen workshop participants noted the need for more cultural and racial staff and volunteers (e.g., Board of Directors) in agencies. The service providers did not believe staff and volunteer representation at agencies were priorities compared to other goals even though they acknowledged this lack of representation as a barrier. Therefore, the community supports the following:

11. THAT ALL GENERIC SOCIAL SERVICE AGENCIES DEVELOP AND IMPLEMENT AGENCY-WIDE POLICIES FOR THE RECRUITMENT OF STAFF AND VOLUNTEERS (TO FILL BOTH EXECUTIVE AND FRONT LINE VACANCIES) FROM A VARIETY OF CULTURAL AND RACIAL BACKGROUNDS. THIS WILL HELP AGENCIES BEGIN TO DEVELOP MORE CULTURALLY RESPONSIVE SERVICES AND SERVICE DELIVERY METHODS FOR THE DIVERSITY OF CLIENTS IN HAMILTON-WENTWORTH.

12. THAT THE LOCAL COLLEGE AND UNIVERSITY ACTIVELY RECRUIT RACIAL AND CULTURAL GROUP MEMBERS INTO THEIR SOCIAL SERVICE RELATED PROGRAMS AND CREATE MORE ETHNO-SPECIFIC COURSES LIKE THE NATIVE COMMUNITY CARE PROGRAM FOR OTHER RACIAL AND CULTURAL GROUPS. THIS WOULD FURTHER ENSURE AN AVAILABLE WORKFORCE.

Service provider workshop participants agreed there was a need for a number of trained, paid, <u>generalist</u> cultural interpreters who are knowledgeable about a number of service sectors. Citizen workshop participants agreed on the need for full-time, community service officers to walk with immigrants and refugees through the maze of services and to translate as necessary. Service provider workshop participants also indicated the need for <u>specialist</u> cultural interpreters. Criteria were also discussed regarding how agencies could decide who should be assisted to access services first. Therefore, the community supports the following:

13. THAT THE CULTURAL INTERPRETER PROGRAM OUTLINED IN RECOMMENDATION #6 ENSURE THAT A POOL OF <u>GENERALISTS</u> ARE TRAINED AND HIRED IN ORDER TO BE ABLE TO ASSIST CLIENTS ACCESSING ANY OF THE FOLLOWING SERVICES: HOUSING, INCOME, EMPLOYMENT, HEALTH, EDUCATION SERVICES, CHILD CARE, LEGAL COUNSEL/ADVICE AND SENIORS ISSUES.

14. THAT THE CULTURAL INTERPRETER PROGRAM STATED IN RECOMMENDATION #6 ALSO CONTAIN PAID, TRAINED, CULTURAL INTERPRETER <u>SPECIALISTS</u> IN THE MENTAL HEALTH, FAMILY/MARITAL COUNSELLING AND DOMESTIC VIOLENCE FIELDS. THIS SHOULD BE DESIGNED, DEVELOPED AND IMPLEMENTED BY RELEVANT AGENCIES SO THAT THESE TRAINED STAFF ARE AVAILABLE IN THEIR OWN AGENCIES. THE NEEDS OF NATIVE, IMMIGRANT AND REFUGEE WOMEN REQUIRE CAREFUL CONSIDERATION WITHIN THIS CONTEXT.

15. THAT WHEN AGENCIES ARE CONSIDERING INCREASING THE ACCESSIBILITY OF

THEIR SERVICES FOR RACIAL AND CULTURAL GROUPS, AND THEY NEED TO SELECT THOSE MOST IN NEED TO SERVE FIRST, THAT AGENCIES CONSIDER THE FOLLOWING FACTORS: RECENCY OF ARRIVAL, LEVEL AND TYPE OF SUPPORT NETWORK ALREADY IN PLACE, AND REFUGEE STATUS (INCLUDING CHRONICITY OF PAST EVENTS IN THEIR LIVES) OF THE CLIENTS THEY ARE INTENDING TO SERVE.

A number of additional points were also raised that were not considered to be goals. They were viewed as important for reducing the barriers to access, though. Therefore, the community supports the following:

16. THAT THESE RECOMMENDATIONS BE DISCUSSED AND ACTED UPON AT THE FOLLOWING MEETINGS: THE IMMIGRANT SERVING INTER-AGENCY NETWORK MEETINGS AT THE MULTICULTURAL COUNCIL, THE CULTURAL INTERPRETER ADVISORY COMMITTEE THAT MEETS AT KIRKENDALL-STRATHCONA NEIGHBOURHOOD HOUSE, AND THE CITIZEN NETWORK MEETINGS TENTATIVELY SCHEDULED TO MEET QUARTERLY THROUGH THE ASSISTANCE OF THE SPRC.

17. THAT THE CANADA EMPLOYMENT AND IMMIGRATION CENTRE REVIEW THE RECOMMENDATIONS MADE BY THESE CITIZENS ABOUT BIASED PROCEDURES AND CRITERIA, ABOUT USING ENGLISH LANGUAGE TEST RESULTS TO DISCRIMINATE AGAINST PEOPLE AND ABOUT THE LACK OF CLEAR EXPLANATION PROVIDED FOR THE NEED TO TAKE CERTAIN TESTS. ALL THIS SHOULD BE CONSIDERED IN LIGHT OF THE MINISTRY OF CITIZENSHIP REPORT ON ACCESS TO TRADES AND PROFESSIONS.

18. THAT ESL PROGRAMS IN HAMILTON-WENTWORTH
    A) ELIMINATE WAITING LISTS IN THOSE PROGRAMS THAT PROVIDE TRAINING ALLOWANCES;
    B) ENSURE MAXIMUM DAILY AVAILABILITY OF ESL CLASSES,;
    C) ENSURE CHILD CARE IS READILY ACCESSIBLE SO THAT CHILD CARE RESPONSIBILITIES DO NOT BECOME A DETERRENT FOR IMMIGRANT WOMEN TO LEARN ENGLISH; AND,
    D) THAT ALL IMMIGRANT WOMEN ARE GIVEN THE SAME (EQUAL) ACCESS TO ESL PROGRAMS AS ARE THEIR MALE COUNTERPARTS.

19. THAT THE COMMUNITY INFORMATION CENTRES IN THE REGION MEET TO DISCUSS THE ISSUE OF LACK OF INFORMATION FOR VOLUNTEERS FROM DIVERSE RACIAL AND CULTURAL COMMUNITIES TRYING TO HELP THEIR COMMUNITY MEMBERS ACCESS SERVICES.

20. THAT THE SPRC ORGANIZE CITIZEN-BASED MEETINGS FOR CITIZENS OF DIVERSE RACIAL AND CULTURAL GROUPS TO ATTEND AND FURTHER DISCUSS THE ISSUES THEY RAISED AND RECOMMENDATIONS THEY MADE IN THIS REPORT. THESE CITIZEN WORKSHOP PARTICIPANTS INDICATED AN INTEREST IN MEETING REGULARLY (PERHAPS QUARTERLY).

NATIVE POPULATION

In 1990, the Social Planning and Research Council and the Hamilton Regional Indian Centre completed a study of native employment and training needs in Hamilton-Wentworth.[15] This project involved a special analysis of 1986 census information, interviews of native persons and workshops/forums with native persons and service providers.

Although there is some controversy about the methods used by Statistics Canada to define "native" persons, the 1986 census results indicated that 3,180 native persons resided in Hamilton-Wentworth.

Among the conclusions drawn in the report were the following:

1) A need to promote on-the-job training models.

2) Greater involvement of native persons in program planning and delivery.

3) Greater interactions between native and non-native organizations.

4) A need for life-skills programs.

5) A need for more subsidized child care and transportation.

6) Promotion of native cultural awareness among employers and within schools

7) A need for improved access of native persons to professional training.

8) A need for an improved public relations capability within the native community.

9) A need for improved accessibility to communications and assertiveness training for native persons.

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15 Ball, C; Sandy, K; and Bonham, S; A Community-Based Assessment of Native Employment and Training Needs in Hamilton-Wentworth. (Unpublished Draft Report); Hamilton-Wentworth Regional Indian Centre and Social Planning and Research Council of Hamilton and District, 1990.

10) The promotion of positive role models among native persons.

11) The use of alternative economic models to encourage native-run businesses.

POVERTY

Incidence

The most recent estimate of poverty in Hamilton-Wentworth is available from the 1986 census -

Low income families	16,780
Persons in low income families	72,695
Low income unattached individuals	19,630
Total Persons (low income)	92,325 (22% of population)

Given the dramatic increase in unemployment and welfare caseloads in 1990, these figures could be expected to underestimate the current incidence of poverty in Hamilton-Wentworth. During the past decade, a substantial body of research has emerged pertaining to the affects of poverty on children in Canada and Ontario. A summary of the impacts is presented below - [16]

- Low birth weight babies are twice as common among the poor as among higher-income people. Prematurity is also more common. Low birth weight and prematurity increase the likelihood of death during infancy, growth abnormalities (e.g. poor children weigh less and are shorter than non-poor children) and lifelong disabilities such as retardation, vision and hearing impairments.

- The child mortality rate is twice as high among families at the lowest income level than it is among families at the highest income.

- Death from accidents is twice as common among poor children than among higher income children. Death by fire, drowning, and motor vehicle accidents are more than four times as common.

- Poor children are often hungry and malnourished. A survey conducted in October 1987, by Toronto's Daily Bread Food Bank, discovered that 20 percent of emergency food recipients were under the age of five and 45 percent were under the age of 20.

- The emotional development of low-income children may be characterized by low self-esteem, generalized fear and anxiety,

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16 Canadian Council on Social Development. Canada Can Eliminate Poverty By The Year 2000. March 1990.

and behaviourial disturbances such as hyperactivity, aggressiveness, defiance, and a lack of self control.

- Some low-income children may also be susceptible to anti-social or violent behaviour and substance abuse. Poor children are three to four times more likely to die from suicide or homicide during childhood, compared to non-poor children.

- Children from low income families are over-represented in the various child welfare agencies throughout Canada. In 1986, 49,000 children were in the care of child welfare systems in Canada. According to agencies in various communities, and depending on the community between 54 and 75 per cent of these children came from low-income families.

  The reasons why poor children are over-represented in the child welfare system are unclear. However, there is a correlation between adverse economic circumstances and child abuse. As well, poor families have limited resources and supports to help raise their children and to help them deal with the stresses of living in poverty. Consequently, some low-income families may place their children in substitute care where money and services are more readily available.

- Many poor children experience academic difficulties including: illiteracy, learning disabilities, failed grades, less motivation to learn, lack of participation in extra-curricular activities, limited parental involvement in their education (either at school or in the home) streaming into vocational training courses rather then university preparation courses, low aspirations and expectations about their futures, and high drop-out rates. In 1986, the high school drop-out rate among children from poor families was 2.2 times the rate among children from non-poor families.

  We can only speculate about the reasons why some poor children experience academic difficulties. However, in an impoverished home environment in which parents cannot provide the resources necessary to help their children learn, and an educational system that is unresponsive to the needs and learning styles of low-income children may contribute to their school-based problems.

Of particular concern, at a National level, has been the dramatic increase in poverty among young family heads. Unfortunately, local figures are not available.

Incidence Of Low Income[17] by Age of Family Head

Age of Head	% Below Statistics Canada Low Income Cut-off Point		
	1973	1979	1986
Under 25	16.0	20.5	30.2
25-34	11.7	12.4	16.0
35-44	12.6	10.9	11.0
45-54	9.6	9.4	8.8
55-64	12.3	12.3	11.0
65+	24.2	21.4	9.5
Total	13.4	13.1	12.3

Although the incidence of poverty has fallen overall, particularly among elderly families, the incidence among family heads aged 34 and under increased substantially between 1973 and 1986.

In the Province of Ontario, approximately 25% of low income adults are "working poor" while 75% are either not in the labour force or are unemployed. Female-headed/one parent families have the highest incidence of poverty - 50% in Ontario in 1986.[18]

Initiatives to combat poverty take a variety of forms:

1) Changes in minimum wages to decrease incidence of working poor.
2) Increases in income maintenance benefits/programs to increase incomes among persons receiving income assistance.
3) Labour market programs designed to assist unemployed persons to obtain employment.

During the past two years, a number of important developments have taken place -

1. The level of benefits paid by the General Welfare Assistance and Family Benefits Assistance have increased as a result of the partial implementation of a number of the reforms proposed by the Provincial Social

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17 Ross, D. and Shillington, R. The Canadian Fact Book on Poverty. Canadian Council on Social Development, 1989.

18 Ibid.

Assistance Review Committee. A number of the restrictive aspects of these programs, which made it difficult for clients to move to paid employment, have also been reduced through these reforms.

2. Recent changes in the Unemployment Insurance Program have resulted in more restrictive benefits for unemployed workers and, therefore, a loss of income. The reduction in funding for their program arose from the Federal Government's decision to withdraw general revenues from the UIC program for use in new training initiatives. Based upon initial estimates, it was expected that approximately 12 million dollars in new training funds would be available to Hamilton-Wentworth as a result of this initiative. It now appears that the commitment will be significantly less than originally estimated - two to three million dollars.

3. With respect to the minimum wage, the new Provincial Government has pledged itself to a substantial increase in the legal minimum wage during the next four years.

4. Given the importance of job-training, as a response to unemployment-induced poverty, it is also notable that a significant decentralization in the authority to allocate job-training funds appears to be imminent. Both the Provincial and Federal Governments are planning on increasing the role of local communities through the implementation of local training boards with substantial authority over the allocation of training funds.

HAMILTON-WENTWORTH POVERTY FORUM

During the Spring of 1991 the Social Planning and Research Council and the Food and Shelter Advisory Committee of the Regional Municipality will be sponsoring a forum which will involve a variety of community sectors in the development of proposed actions for the reduction of child poverty in Hamilton-Wentworth. This forum will identify specific goals which will form the basis for an ongoing and co-ordinated poverty reduction plan for the Hamilton-Wentworth Region. The proposed plan will provide a description of priorities for a community-based response to the problem of child poverty in our community.

SELF HELP

The growth of self-help/mutual aid groups has been one of the most significant developments of the past decade in human services. It is estimated that over 100 different groups are operating in Hamilton-Wentworth in response to a wide variety of problems in the health and social services sector. Representatives from a number of groups meet as the Self Help Network under the auspices of AATD.

In 1988, the Social Planning and Research Council carried out a survey of local self-help groups for the purpose of identifying priorities with respect to new supportive measures for this sector of services. The results indicated that the most serious need among groups is one of operational/logistical support. Many groups operate on the basis of very informal organizational structure constitutes one of their primary areas of strength. Most groups do not want to become "agencies" because such a development would violate their core commitment to informal mutual-aid. At the same time, however, the lack of structure causes difficulties in providing the minimal financial resources that are required to support the groups. Many groups, for example, are not incorporated, do not have Boards of Directors or any of the other structures which funders typically require as a pre-requisite for funding.

The resource needs of most groups are limited - meeting space, supplies and copying for newsletters and other "overhead" items.

To respond to this problem, a plan has been developed for the establishment of a Self Help Centre in the Region. This facility would provide meeting space and basic operational supports for any self-help groups which become members. The facility would have the necessary structures in place to receive funding and this would allow the member groups to maintain their informal structures while, at the same time, receiving assistance with their basic operational requirements.

SENIORS

Incidence

The number of persons aged 65 years and over has been increasing in Hamilton-Wentworth for the past decade and the rate of increase will continue to rise in the future.

Age Group	1988	1996	2006[19]
65-69	20,111	20,700	19,600
70-74	13,985	19,300	17,400
75-79	10,861	13,100	15,600
80-84	6,845	8,600	12,100
85+	5,468	6,900	9,200
	57,270	68,600	73,900

The size of the age group 65 to 69 will increase slightly to 1996 and then decrease to 2006. The 70 to 74 group will increase significantly to 1996 and then decrease to 2006. The age groups 75 and over will increase throughout the period. It is the latter group which has the greatest impact upon services. The number of persons aged 75 and over will increase from 23,174 in 1988 to 38,900 by 2006 - an increase of 59%.[20]

In 1986, approximately 14,780 persons aged 65 and over and living in private households in Hamilton-Wentworth were suffering from some form of physical disability.[21] This represented approximately 29% of the seniors' population in that year. This proportion will probably rise during the nineties because of the growing concentration of persons 75 and over within the elderly age groups.

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19 Hamilton-Wentworth Population Projections, 1988-2006. Hamilton-Wentworth Planning and Development Department. March, 1989.

20 Ibid.

21 The Health and Activity Limitation Survey. Sub-provincial Data for Ontario. Planning and Development Department. March, 1989.

In 1981, it was estimated that between 5,904 and 9,537 seniors in Hamilton-Wentworth were suffering from a moderate to severe mental disorder.[22] If the rates used to provide these estimates are applied to 1988 population figures, the number had grown to between 7,445 and 12,026 by that year.

Services and Co-ordination

A consultation process, which was co-sponsored by the Regional Municipality and the District Health Council, has developed a proposed co-ordination model for services to seniors in Hamilton-Wentworth. This body will be composed, equally, of consumers and service providers and it will assume responsibility for planning and priorities with respect to this sector.

Priorities

During 1987 and 1988, the Regional Municipality of Hamilton-Wentworth and the Hamilton-Wentworth District Health Council co-sponsored a study of services for seniors. The final report of that study entitled "Mapping the Way to the Future for the Elderly" contained a total of 45 recommendations (attached).[23] One of the most significant recommendations in the report involved the establishment of a "one-stop access" model for service delivery. This service would provide a single point of entry for seniors seeking assistance in the Region. The Province of Ontario has stated its intention to fund "one-stop-access" services in communities across the Province. Within the Provincial model, the proposed services will address the long-term care needs of both seniors and disabled persons in the community.

In 1990, the Provincial Government announced a major re-organization of long-term care services by creating a new division which incorporates the programs from the Ministries of Health and Community and Social Services. A

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22 Geriatric Psychiatry: Redefining the Role of the Hamilton Psychiatric Hospital. HPH. January, 1986.

23 Services for Seniors' Study. Mapping the Way for the Future of the Elderly, Regional Municipality of Hamilton-Wentworth and the Hamilton-Wentworth District Health Council. October, 1988.

local manager has been hired for this division and a one-stop-access service for Hamilton-Wentworth will be funded through that division.

At the present time, a Working Group, which reports to the Region and the DHC, is developing a recommended approach to "one-stop-access" for seniors in Hamilton-Wentworth.[24] A second group, the Long Term Care Sub-Committee of the Region is examining the issue from the perspective of disabled persons.

The other recommendations in the 1988 Seniors' Study, covered a variety of service areas. The common denominator to many of these recommendations involved the need to improve community support services to seniors through improved services, information and accessibility. This is consistent with an ongoing objective of reducing a dependence on institutional services through the provision of increased community supports.

This intention was recently expressed in the Province's decision to put a "hold" on planned expenditures on chronic care beds while District Health Councils, across the Province, reviewed alternative uses for the funds which had been allocated to the expansion of chronic care beds. The local DHC is undertaking this study in Hamilton-Wentworth.

In general, therefore, services to seniors are in the process of a major re-organization. Through a restructuring of the Provincial Ministries of Health and Community and Social Services, increased decentralization and integration is highly probable. The development of single access organizations and a continual shift to community support services will continue to be the dominant priorities within this sector.

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24 Report of the Working Group on Co-ordination of Services for the Elderly. Regional Municipality of Hamilton-Wentworth and Hamilton-Wentworth District Health Council.

RECOMMENDATIONS

The recommendations for the Services for Seniors Study are as follows:

THE CO-ORDINATION OF SERVICES

IT IS RECOMMENDED:

1. **THAT "ONE-STOP-ACCESS" MODELS OF SERVICE DELIVERY AND CO-ORDINATION AND PLANNING FOR HAMILTON-WENTWORTH BE SUPPORTED BY THE PROVINCIAL GOVERNMENT, REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH, THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL, AND SERVICE PROVIDERS.**

2. **THAT THE SUB-COMMITTEE OF THE COMMUNITY SUPPORT SERVICES (DHC) WORKING ON THE ONE-STOP-ACCESS MODEL CONTINUE ITS PLANNING, INCLUDING AN EXAMINATION OF ISSUES SUCH AS THE DEVELOPMENT OF STRENGTHS IN THE AREA OF CLIENT POINT OF ACCESS, CONFIDENTIALITY, CASE MANAGEMENT, AND SERVICES CO-ORDINATION.**

INFORMATION DISSEMINATION

IT IS RECOMMENDED:

3. **THAT THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL, THE REGION, EXISTING INFORMATION CENTRES, AND SENIOR CITIZENS GROUPS JOIN FORCES IN AN EFFECTIVE CAMPAIGN TO IMPROVE THE AWARENESS OF POTENTIAL USERS OF SERVICES.**

4. **THAT SERVICE PROVIDERS BE REMINDED BY THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL AND THE REGION THAT IN ANY AGENCY/SERVICE CAMPAIGN SPECIAL TARGET GROUPS NEED TO BE IDENTIFIED FOR THE DISSEMINATION OF INFORMATION, E.G., PHYSICIANS AND OTHER HEALTH PROFESSIONALS.**

5. **THAT HEALTH AND SOCIAL SERVICES EMPLOYERS PROVIDE ORIENTATION TO, AND ONGOING EDUCATION ABOUT, THE NETWORK OF SERVICES FOR SENIORS IN HAMILTON-WENTWORTH TO ALL EMPLOYEES.**

6. THAT THE ADMINISTRATORS OF LOCAL PRIMARY SERVICES, E.G., POLICE AND FIRE DEPARTMENTS, AND MAIL DELIVERERS BE URGED BY THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL AND THE REGION, TO ENCOURAGE THEIR EMPLOYEES TO BE BETTER INFORMED ABOUT THE HEALTH AND SOCIAL SERVICE NETWORK IN HAMILTON-WENTWORTH.

7. THAT COMMUNITY INFORMATION CENTRES IN HAMILTON-WENTWORTH BE ENCOURAGED TO FURTHER DEVELOP AND ELECTRONICALLY LINK THEIR SENIORS INFORMATION SERVICES, BOTH IN WRITTEN AND PHONE-IN PROGRAMS.

8. THAT AGENCY, SERVICE, AND FUNDING BODIES BE MORE CONSCIOUS OF BUDGETARY NEEDS FOR SERVICE PROMOTION PURPOSES.

9. THAT THE LOCAL MEDIA BE ASKED BY THE REGION AND THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL TO INCREASE ACCESS TO PUBLIC SERVICE TIME AND SPACE TO THE PROMOTION OF THE ACTIVITIES OF SUPPORT SERVICE AGENCIES.

THE ENHANCEMENT OF INTERDEPENDENCY IN THE COMMUNITY

<u>TRANSPORTATION</u>

IT IS RECOMMENDED:

10. THAT THE HAMILTON STREET RAILWAY AND CANADA COACH LINES BE REQUESTED TO CONSIDER PROVIDING RETRACTABLE STEPS ON PUBLIC BUSES IN ORDER TO FACILITATE EASY ACCESS AND EGRESS BY SENIORS.

11. THAT THE LOCAL MUNICIPALITIES REVIEW THEIR TRANSIT SUBSIDIES FOR SENIORS AND PROVIDE EQUITY THROUGHOUT HAMILTON-WENTWORTH AND THAT A REDUCED FARE FOR ALL PERSONS AGED 65 YEARS AND OVER BE CONSIDERED.

12. THAT THE HAMILTON STREET RAILWAY AND CANADA COACH LINES IN THEIR CONTINUING REVIEW OF THE TRAVEL PATTERNS OF SENIORS LIVING IN OUTLYING AREAS INTRODUCE REVISED BUS ROUTES IN THESE UNDERSERVICED LOCATIONS.

13. THAT THE REGION REVIEW THE ONGOING TRANSPORTATION NEEDS OF SENIORS.

CAREGIVER SUPPORTS

IT IS RECOMMENDED:

14. **THAT THE HOMES FOR THE AGED IN THE REGION BE ENCOURAGED TO PROVIDE RESPITE CARE FOR PERSONS IN NEED OF TYPE 1 (RESIDENTIAL) AND TYPE 2 (EXTENDED) CARE.**

15. **THAT RESPITE PROGRAMS FOR PERSONS WHO REQUIRE TYPE 2 CARE BE DEVELOPED IN NURSING HOMES.**

16. **THAT THE ONTARIO EXTENDED CARE BENEFIT SUBSIDY BE MADE AVAILABLE TO PERSONS USING THIS TYPE 2 SHORT STAY RESPITE PROGRAMS.**

17. **THAT THE VICTORIAN ORDER OF NURSES BE REQUESTED TO CO-ORDINATE AN "IN HOME" RESPITE PROGRAM, BOTH FOR SHORT TERM (INTERMITTENT) AND LONG TERM (CONTINUOUS) RESPITE FOR ALL LEVELS OF CARE.**

18. **THAT THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL REVIEW THE ONGOING RESPITE CARE NEEDS OF SENIORS.**

HOUSING

IT IS RECOMMENDED:

19. **THAT THE REGIONAL MUNICIPALITY BE REQUESTED TO CONDUCT AN INDEPTH REVIEW AND DEVELOP A PLAN IN ADDRESSING THE HOUSING NEEDS OF SENIORS, INCLUDING A VARIETY OF HOUSING OPTIONS, TO MEET THE NEEDS OF SPECIAL GROUPS OF SENIORS SUCH AS THE COGNITIVELY IMPAIRED AND PSYCHIATRICALLY DISABLED.**

OTHER HOME SUPPORT NEEDS

IT IS RECOMMENDED:

20. THAT THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL BE REQUESTED TO IDENTIFY SPECIFIC GROUPS AND ENCOURAGE THEM TO DEVELOP PROPOSALS FOR ADULT DAY PROGRAMS THAT CAN OPERATE THROUGHOUT HAMILTON-WENTWORTH AND PROVIDE EASY ACCESS TO SENIORS IN NEIGHBOURHOODS THAT HAVE A HIGH CONCENTRATION OF SENIOR CITIZENS.

21. THAT ADULT DAY PROGRAMS BE ENCOURAGED TO PROVIDE SERVICES IN FOOT CARE, DENTAL CARE, OPHTHALMOLOGY, AUDIOLOGY, AND OTHER SUCH SERVICES.

22. THAT THE REGION RE-EXAMINE THE HELPING HANDS PROGRAM AND CONSIDER CHANGING THE MAJOR FOCUS FROM "PREPARATION FOR EMPLOYMENT" TO "PROVISION OF CHORE SERVICES" FOR SENIORS.

23. THAT THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL AND THE REGION SUPPORT AND ENDORSE THE VICTORIAN ORDER OF NURSES' PROPOSAL OF THE "HOSPITAL IN THE HOME" AND ACCENTUATE THE IMMEDIACY OF ITS IMPLEMENTATION.

24. THAT THE VOLUNTEER VISITING PROGRAM IN HAMILTON-WENTWORTH BE ENCOURAGED TO EXPAND AND PROMOTE THEIR SERVICES TO ASSIST SENIOR CITIZENS WHO ARE HAVING DIFFICULTY WITH ACTIVITIES OF DAILY LIVING AND WHOSE NEEDS ARE NOT PRESENTLY BEING MET BY FORMAL SERVICES.

EDUCATION AND EVALUATION

IT IS RECOMMENDED:

25. THAT MCMASTER UNIVERSITY AND MOHAWK COLLEGE PROMOTE THEIR GERONTOLOGICAL DEGREE LEVEL, DIPLOMA, CERTIFICATE AND CONTINUING EDUCATION PROGRAMS DIRECTED TOWARDS HEALTH CARE AND SOCIAL SERVICES PROVIDERS.

26. THAT ADULT EDUCATION IN AGING AND PRE-RETIREMENT PROGRAMS BE MORE AGGRESSIVELY MARKETED.

27. THAT A TASK FORCE BE DEVELOPED BY THE DISTRICT HEALTH COUNCIL TO DEVELOP AN EFFECTIVE STRATEGY THAT CAN BE USED TO DISSEMINATE INFORMATION TO THE PREVIOUSLY MENTIONED TARGET POPULATIONS.

28. THAT AGENCIES BE ENCOURAGED TO UNDERTAKE INCREASED MONITORING AND EVALUATION OF THEIR SERVICES IN ORDER TO MORE EFFECTIVELY PLAN AND DELIVER EDUCATIONAL PROGRAMS AND COMMUNITY BASED RESEARCH.

29. THAT MCMASTER UNIVERSITY, MOHAWK COLLEGE, AND HEALTH AND SOCIAL SERVICE ORGANIZATIONS STRENGTHEN THEIR LIAISON TO MORE EFFECTIVELY PLAN AND DELIVER EDUCATION PROGRAMS.

INSTITUTIONAL SERVICES

ESTIMATED BED REQUIREMENTS

IT IS RECOMMENDED:

30. THAT THE REGION AND THE DISTRICT HEALTH COUNCIL EXPLORE A NUMBER OF WAYS TO SATISFY THE NEED FOR RESIDENTIAL TYPE CARE.

31. THAT THE MINISTRY OF HEALTH BE ASKED TO INCREASE EXTENDED CARE SERVICES EITHER THROUGH MORE BEDS OR MORE HOME CARE PROGRAMS ESPECIALLY FOR HEAVY EXTENDED CARE SERVICES.

INAPPROPRIATE PLACEMENTS

IT IS RECOMMENDED:

32. THAT THE FACILITIES INVOLVED IN THE 1987 BED ACCOMMODATION SURVEY BE ENCOURAGED TO DEVELOP UTILIZATION REVIEW ACTIVITIES AND FORWARD THE RESULTS OF THEIR REVIEW ON A SEMI-ANNUAL BASIS TO THE DISTRICT HEALTH COUNCIL AND PLACEMENT CO-ORDINATION SERVICE.

33. THAT THE FACILITIES INVOLVED IN THE 1987 BED ACCOMMODATION SURVEY AND OTHER FACILITIES AND PHYSICIANS IN HAMILTON-WENTWORTH BE INFORMED OF THE GERIATRIC SERVICES CURRENTLY BEING OFFERED UNDER THE GERIATRIC ASSESSMENT UNIT OF THE CHEDOKE-MCMASTER HOSPITALS WHICH CAN ASSIST THEM IN THE MORE ACCURATE ASSESSMENT OF PATIENTS WHO REQUIRE LONG TERM CARE.

SUPPORT SERVICES

IT IS RECOMMENDED:

34. THAT AN EXAMINATION BE MADE OF THE REASONS WHY PARTICIPATING FACILITIES WERE UNABLE TO ARRANGE FOR FORMAL SUPPORT SERVICES FOR SOME OF THEIR PATIENTS/RESIDENTS IN THE COMMUNITY.

35. THAT COMMUNITY SUPPORT SERVICES AND INSTITUTIONAL PERSONNEL ENHANCE AND IMPROVE THE NETWORKING WITH EACH OTHER.

PATIENT CARE CLASSIFICATION

IT IS RECOMMENDED:

36. THAT THE PROVINCE AND ITS RELEVANT MINISTRIES BE REQUESTED TO DEVELOP AN APPROPRIATE PATIENT CARE CLASSIFICATION SYSTEM.

37. THAT THE NEW, AMENDED PATIENT CARE CLASSIFICATION SYSTEM CLEARLY DISTINGUISHES BETWEEN HOME-BASED AND INSTITUTIONAL-BASED SERVICES.

38. THAT THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL AND THE REGION EXPLORE THE POSSIBILITY OF DEVELOPING A STANDARDIZED MEDICAL RECORD FORM TO RECORD MEDICAL INFORMATION WITHIN FACILITIES.

39. THAT LONG TERM CARE FACILITIES BE REQUIRED TO CONDUCT MORE FREQUENT COMPREHENSIVE ASSESSMENTS AND RE-ASSESSMENTS TO ENSURE APPROPRIATE PLACEMENT.

40. THAT EDUCATIONAL PROGRAMS BE DEVELOPED BY THE EDUCATIONAL CENTRE FOR AGING AND HEALTH IN CONJUNCTION WITH PROFESSIONAL ASSOCIATIONS TO ALLOW FOR MORE ACCURATE DIAGNOSIS/ASSESSMENT AND PLACEMENT.

PLACEMENT CO-ORDINATION

IT IS RECOMMENDED:

41. THAT FORMAL CAREGIVERS (AGENCIES AND OTHER DIRECT SERVICE PROVIDERS) BE INFORMED AND EDUCATED BY "PLACEMENT CO-ORDINATION SERVICES" OF THE NEED FOR MORE ACCURATE IDENTIFICATION OF CLIENTS' REQUIREMENTS PRIOR TO REFERRAL.

42. THAT PLACEMENT CO-ORDINATION SERVICES INSTITUTE MORE FREQUENT RE-ASSESSMENT OF CLIENTS WAITING FOR LONG TERM CARE PLACEMENT IN ORDER TO ENSURE THAT ACCURATE INFORMATION IS TRANSFERRED TO THE RECEIVING PROGRAM PRIOR TO CONSIDERATION FOR ADMISSION.

43. THAT PLACEMENT CO-ORDINATION SERVICES BE ADVISED ON A MONTHLY BASIS BY THE HOMES FOR THE AGED OF THE NUMBER OF PERSONS IN NEED OF TYPE 2 OR TYPE 3 CARE IN ORDER TO MAINTAIN MORE UP-TO-DATE AND ACCURATE STATISTICS ON ACCOMMODATION REQUIREMENTS.

44. THAT INCREASED RESOURCES BE PROVIDED TO PLACEMENT CO-ORDINATION SERVICES TO MAXIMIZE EFFICIENCY AND EFFECTIVENESS.

FOLLOW-UP BED ACCOMMODATION/WAITING LIST SURVEY

IT IS RECOMMENDED:

45. THAT BED ACCOMMODATION AND WAITING LIST SURVEYS, INCLUDING SUPPORT SERVICE AGENCIES, BE CONDUCTED ON A REGULAR BASIS, TO ALLOW ONGOING MONITORING OF THE TOTAL LONG TERM CARE SYSTEM IN HAMILTON-WENTWORTH.

STREET YOUTH

During the fall of 1988, AATD established a broad-based task force to review the needs of street youth in Hamilton-Wentworth. The final report, issued in January, 1990, contained a total of 36 recommendations and estimated that there were a minimum of 350 street youth in the Region.[25]

Following the release of this report, AATD established a Community-Based Implementation Team (CBIT) to assume responsibility for the implementation of the report's recommendations.

With respect to service development issues, four services have been identified as a priority, with respect to new programs. These services, in order of priority are:

1) Twenty-four hour drop-in service

2) Transient and permanent housing

3) Youth health clinic

4) Residential treatment service for substance abuse

The Community-Based Implementation Team has circulated a request-for-proposals from agencies which are interested in offering the twenty-four hour drop-in service.

The Executive Summary from the Task Force report is attached.

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25 Association of Agencies for Treatment and Development. Community Street Youth Task Force Report, January, 1990.

EXECUTIVE SUMMARY

Introduction

The Community Street Youth Task Force began meeting as a Task Force at the Association of Agencies for Treatment and Development during the Fall of 1988. Its tasks included the definition of street youth, determining the extent of the street youth issue and determining the unmet needs of street youth in Hamilton-Wentworth through the identification of gaps in existing services and the need for new services. Finally recommendations were made based on the collected information.

For the purpose of this project street youth were defined as young people between the ages of 13 and 25 years who for various reasons come to depend on non-traditional sources for their survival and acceptance. In many instances family, community resources and support systems are replaced by the streets. These youth spend 70 to 80% of their time on the streets.

Literature and Legislation Reviews

Among the most common reasons given for young people moving to street life are physical abuse, sexual abuse and parents having difficulties parenting. Living on the streets, many youth are exposed to prostitution, violence, drug and alcohol abuse, sexually transmitted diseases and malnutrition and frequently must "line-up" for meals. They may resort to stealing food in order to survive. The need for a co-ordinated (multidisciplinary) and holistic approach to dealing with the street youth population is immediately obvious.

The Task Force also discussed the challenges they face regarding different types of legislation. Highlights of the General Welfare Act, Young Offenders Act, Mental Health Act, Child and Family Services Act and Education Act were discussed and included in this report. Suggestions for changing aspects of the various Acts which inhibits appropriate programming for street youth were also debated and endorsed in the report.

Hamilton Context

Based on data collected from a number of surveyed agencies, there may be at least 350 street youth in Hamilton. There are an undetermined number of street youth with no agency involvement. There are no statistics available on this group. Surveyed agencies reported that street youth use alcohol, cannabis and cocaine more frequently than other substances. Prostitution and abuse in the family were other issues frequently mentioned by surveyed agencies.

A community mapping exercise was undertaken in order to document the experience of Task Force members in attempting to serve street youth. This exercise describes the community of services for street youth in the Region as understood from the experiences of Task Force members. It provided an opportunity to reflect on the existing service community and identify issue areas. The "picture" provided indicates the confusion and fragmentation of services for street youth. Three distinct continuums also illustrate where each agency is located relative to other agencies for the following aspects: types of

needs served, degree of contact with street youth and immediacy of service delivery. One of the many findings is that there are no services in Hamilton presently mandated and resourced to provide services only to street youth.

The Task Force created a summary of a Service Provider Symposium which highlighted perceived problems with youth and the family as well as with the larger system of services. Suggested solutions were divided into the following categories: prevention, intervention and legislation and the courts.

Conversations with Street Youth and Parents

Since data on life history and substance abuse were available through the literature and agencies, the Task Force decided to focus the conversations with street youth on their needs. Two methods were used to access street youth. First a public meeting for street youth was held at a popular hang-out at a downtown shopping centre. Free pop and pizza were provided. A few Task Force members discussed needs with the 40 street youth who attended.

The second method involved two researchers during the evenings of the summer months of 1989. They met with street youth on the streets and discussed their service needs. Twenty males and 10 females met with the researchers. The researchers recorded their data on paper immediately after the conversations, not during the conversations; this was considered to be too intrusive.

Both of these methods resulted in similar data. Street youth talked about their needs for shelter (including more permanent housing), money, employment, supportive and non-judgemental relationships with agency staff, adequate information about available services and food.

Parents of street youth were accessed through a local radio talk show. Five parents shared their stories anonymously with researchers staffing phones at the Social Planning and Research Council. Their major issues related to the need for available supports for parents dealing with crises and the need for self-help groups. Information collection from parents of street youth by the Task Force was never intended to be a comprehensive exercise; more indepth work is a necessity with parents.

Recommendations

The Task Force believes that the pieces of the puzzle needed to better serve street youth are outlined in the following recommendations. The Task Force recommends:

1. THAT ADDITIONAL FUNDING BE PROVIDED TO ENHANCE SERVICES FOR STREET YOUTH AND TO IMPLEMENT THE RECOMMENDATIONS OF THIS REPORT AND THAT EVERY EFFORT BE MADE TO GET AND KEEP THESE YOUTH OFF THE STREET.

2.A) THAT A.A.T.D. AND THE REGION ESTABLISH A COMMUNITY-BASED TEAM TO PLAN. REPRESENTATIVES FROM THE TASK FORCE SHOULD BE INCLUDED ON THIS TEAM;

B) THAT A COMMUNITY-BASED TEAM TAKE THE RECOMMENDATIONS OF THIS REPORT AND DIRECT THEM TO THE APPROPRIATE FUNDERS AND POLICY MAKERS;
C) THAT THE TEAM BE RESPONSIBLE FOR DEVELOPING A PROCESS TO ASSIST THE COMMUNITY IN IMPLEMENTING THIS REPORT.

3. THAT AT AN INTERMINISTERIAL LEVEL A STANDARDIZED METHOD OF COLLECTING AND RELEASING DATA ON STREET YOUTH NEEDS TO BE DEVELOPED.

4.A) THAT STREET YOUTH SERVICES BE IMMEDIATELY AVAILABLE AND CLUSTERED IN ONE LOCATION E.G., ONE-STOP SHOPPING;
B) THAT THE SERVICES BE AVAILABLE ON A 24 HOUR BASIS;
C) THAT THE BROADER COMMUNITY WORK COOPERATIVELY TO CREATE A CONTINUUM OF SERVICES TO INCLUDE CRISIS SUPPORT SERVICES.

5. THAT COMMUNITY AGENCIES/SERVICES REVIEW HOW THEY RESPOND, AND IMPLEMENT WAYS OF RESPONDING MORE QUICKLY TO THE NEEDS OF STREET YOUTH. THIS MAY MEAN CHANGES TO EXISTING SERVICES OR THE CREATION OF A NEW SERVICE.

6.A) THAT EXISTING ORGANIZATIONS WHO PRESENTLY SERVE STREET YOUTH BE RESOURCED TO ENABLE THE SEPARATION OF ADULT AND YOUTH SERVICES;
B) THAT SERVICES BE MANDATED TO DEAL SPECIFICALLY WITH STREET YOUTH;
C) THAT CONSIDERATION BE GIVEN TO THE MIX AND LOCATION OF SERVICES THAT SHOULD BE PROVIDED IN A DROP-IN.

7.A) THAT ALL STREET YOUTH WORKERS BE REQUIRED TO HAVE A BROAD UNDERSTANDING AS WELL AS A RANGE OF SKILLS AND KNOWLEDGE TO WORK WITH STREET YOUTH;
B) THAT THOSE PROVIDING SERVICES TO STREET YOUTH BE PREPARED TO SPEND TIME ON THE STREET, WITH THE STREET YOUTH.

8. THAT IT WILL BE NECESSARY FOR US TO PROVIDE SERVICES TO ALL STREET YOUTH WITH SENSITIVITY TO THEIR RACE, COLOUR, CREED, SEXUAL ORIENTATION. SERVICES NEED TO BE NON-JUDGEMENTAL, WITH THE ABILITY TO BE RESPONSIVE TO EACH INDIVIDUAL'S NEEDS.

9. THAT PREPARED MEALS AND GROCERIES BE MORE READILY ACCESSIBLE, FREE OR AT LOW COST FOR STREET YOUTH.

10. THAT A TRANSITION HOUSE WITH FLEXIBILITY FOR LENGTH OF STAY AND STRUCTURE BE ESTABLISHED. SUPPORT SERVICES ARE NEEDED TO ASSIST IN MOVING TO LONG TERM ACCOMMODATION.

11. THAT A VARIETY OF AFFORDABLE HOUSING ALTERNATIVES BE DEVELOPED.

12A) THAT REGIONAL SOCIAL SERVICES GIVE GREATER WEIGHT TO THE STATEMENTS MADE BY THE STREET YOUTH AND ASSESSMENTS MADE BY AGENCIES AS TO THE BEST INTERESTS OF THE YOUTH;
B) THAT THE DISCRETIONARY SECTIONS OF THE GENERAL WELFARE ACT BE INTERPRETED MORE CONSISTENTLY AND OPENLY.

13A) THAT THE ELIGIBILITY CRITERIA UNDER THE G.W.A. BE EXPANDED TO INCLUDE FIRST AND LAST MONTH'S RENT WITHOUT RECOVERY (PAYBACK), WITH THE LIMITATION OF ONCE A YEAR;

B) THAT THERE NEEDS TO BE MORE FLEXIBILITY FOR THE 16 AND 17 YEAR OLD POPULATION TO ADDRESS THEIR NEEDS, WITHOUT PARENTAL INVOLVEMENT;

C) THAT PARENTS OF 16 AND 17 YEAR OLDS SHOULD BE CONTACTED ONLY WHEN STREET YOUTH INFORMATION, WITH RESPECT TO THEIR NEGATIVE HOME ENVIRONMENT, CANNOT BE SUBSTANTIATED.

14A) THAT COMPREHENSIVE "HASSLE FREE" HEALTH SERVICES BE MADE AVAILABLE TO ENSURE STREET YOUTH ACCESS TO HEALTH CARE;

B) THAT PROGRAMS BE DEVELOPED AND FUNDED TO ESTABLISH "STORE FRONT" AND/OR MOBILE HEALTH SERVICES.

15. THAT SERVICES FOR STREET YOUTH INCLUDE SHOWERS AND LAUNDRY FACILITIES TO ADDRESS THEIR PERSONAL HYGIENE NEEDS.

16. THAT RECREATIONAL ASPECTS OF STREET YOUTH LIVES BE INCLUDED IN THE DEVELOPMENT OF SERVICES.

17A) THAT EMPLOYMENT/EDUCATIONAL INITIATIVES FOR STREET YOUTH ENSURE THAT ALL THESE NEEDS ARE ADEQUATELY MET.

B) THAT YOUTH LIVING ON THE STREET BE INFORMED AS TO THE EMPLOYMENT SERVICES AND AGENCIES AVAILABLE TO THEM. THIS MAY TAKE THE FORM OF MORE AGGRESSIVE OUTREACH BY THE VARIOUS EMPLOYMENT AGENCIES INVOLVED AS WELL AS BETTER COMMUNICATION BETWEEN AGENCIES CURRENTLY SERVING YOUTH ON THE STREET AND APPROPRIATE EMPLOYMENT SERVICES.

C) THAT AGENCIES CURRENTLY OFFERING SERVICES TO STREET YOUTH INVESTIGATE THE FEASIBILITY OF DESIGNING PROGRAMS TO MEET THESE MORE IMMEDIATE EMPLOYMENT NEEDS. THE ESTABLISHMENT OF A LIST OF TEMPORARY AND OCCASIONAL JOBS WOULD BE ONE EXAMPLE OF THIS.

D) THAT TRAINING INITIATIVES BE ENHANCED SO AS TO HELP YOUTH ACCESS FULL-TIME EMPLOYMENT AT THE END OF THE PROGRAM AS WELL AS PROVIDE A REASONABLE WAGE WHILE PARTICIPATING IN IT.

18. THAT SECTION 25 CLASSROOMS IN STORE FRONT PROGRAMS, OR OTHER APPROPRIATE SCHOOL ALTERNATIVES BE INCREASED.

19. THAT APPRENTICESHIP PROGRAMS BE DEVELOPED TO ACCOMMODATE THE SKILL DEVELOPMENT AND EMPLOYMENT NEEDS OF STREET YOUTH.

20. THAT OUR COMMUNITY ADVOCATE FOR THE PROVISION OF BASIC NEEDS SUCH AS ADEQUATE INCOME AND HOUSING FOR INDIVIDUALS AND FAMILIES.

21A) THAT TIMELY, COORDINATED SERVICE PROVISION BE STRENGTHENED FOR CRISIS ASSESSMENT AND TREATMENT, ESPECIALLY FOR THOSE AT RISK, USING A MULTIDISCIPLINARY TEAM APPROACH;

B) THAT THESE SERVICES BE EXTENDED TO REACH YOUTH ON THE STREET.

C) GAPS IN CRISIS RESPONSE (E.G., SUICIDE, FAMILY VIOLENCE, SUBSTANCE ABUSE AND SEXUAL ABUSE) AND FOLLOW-UP SERVICES BE ADDRESSED TO MEET THE NEEDS OF YOUTH AND THEIR FAMILIES IN CRISIS.

22. THAT THERE BE PERSON(S) AVAILABLE TO RESPOND TO CRISIS OR EMERGENCY SITUATIONS ON A 24 HOUR BASIS, WITH ACCESS TO EMERGENCY BEDS.

23. THAT HAMILTON-WENTWORTH EXAMINE THE NEED TO ESTABLISH A TRANSPORTATION RESOURCE TO HELP STREET YOUTH RETURN HOME.

24A) THAT GAPS IN TREATMENT SERVICES NEED TO BE FILLED TO PROVIDE EFFECTIVE, APPROPRIATE INTEGRATED SERVICES FOR YOUTH AND THEIR FAMILIES;
B) THAT STRATEGIES AND INTERVENTIONS FOR YOUTH AND FAMILIES BE SUPPORTED TO INCREASE PREVENTION OF SUBSTANCE ABUSE (E.G., SELF-ESTEEM);
C) THAT SPECIAL DETOXIFICATION PROGRAMS BE MADE AVAILABLE TO YOUTH UNDER 18 YEARS OF AGE;
D) THAT A RESIDENTIAL TREATMENT PROGRAM FOR "SUBSTANCE ABUSING YOUTH" BE ESTABLISHED, WITH READY ACCESS TO STREET YOUTH.

25. THAT EXISTING SERVICES FOR SEXUAL ABUSE BE SUPPORTED AND EXPANDED TO PROVIDE INTEGRATED, COMPREHENSIVE SCREENING, ASSESSMENT, TREATMENT, RESEARCH, AND EVALUATION; AND THAT COMMUNITY EDUCATION PROGRAM SERVICES BE DEVELOPED INCLUDING SERVICES SPECIFIC TO NEEDS IDENTIFIED FOR STREET YOUTH.

26. THAT INDIVIDUAL AND GROUP COUNSELLING PROGRAMS BE ESTABLISHED TO HELP STREET YOUTH 16 - 18 YEARS WHO ARE VICTIMS OF PHYSICAL, SEXUAL AND EMOTIONAL ABUSE.

27. THAT MORE RESEARCH BE DONE TO DETERMINE THE EXTENT OF PROSTITUTION AMONGST "STREET YOUTH".

28A) RELATIVE THE PROSTITUTION, THE DEFINITION OF "PROTECTION" IN THE CHILD AND FAMILY SERVICES ACT BE INTERPRETED MORE BROADLY ON THE PART OF SERVICE PROVIDERS (INCLUDING POLICE AND THE JUDICIAL SYSTEM) WHO DEAL WITH THESE YOUTH;
B) THAT PROSTITUTION AS IT AFFECTS YOUNG PEOPLE NEEDS TO BE ADDRESSED UNDER THE CHILD AND FAMILY SERVICES ACT IN ADDITION TO THE CRIMINAL CODE;
C) THAT CLIENTS OF THESE YOUNG PEOPLE SHOULD BE CHARGED WITH SEXUAL ABUSE OR THE APPROPRIATE CATEGORY OF SEXUAL ASSAULT.

29. THAT THE EXISTING CHILD WELFARE SERVICES BE ENHANCED TO PROVIDE ALTERNATIVE OR NEW WAYS OF DEALING WITH HARD-TO-SERVE ADOLESCENTS IN THEIR CARE.

30. THAT WE NEED TO CONSIDER THE DEVELOPMENT OF LEGAL MEANS BY WHICH YOUNGER, TRANSIENT YOUTH WHO ARE IN NEED OF PROTECTION COULD BE PLACED IN A TEMPORARY, RESTRICTIVE ENVIRONMENT, IN ORDER TO PROVIDE SAFETY AND ADDRESS THE BEST INTERESTS OF THE CHILD, SUBJECT TO JUDICIAL REVIEW.

31. THAT A PROVINCIAL TASK FORCE BE ESTABLISHED TO CRITICALLY EVALUATE THE LEGISLATION AFFECTING YOUTH UNDER THE AGE OF 18 YEARS AND RECOMMEND WAYS TO ADDRESS THE NEEDS OF HARD TO SERVE YOUTH.

32. THAT THE JUDICIARY MUST FAMILIARIZE THEMSELVES WITH COMMUNITY RESOURCES AND BUILD THE USE OF THEM INTO THEIR DISPOSITIONS.

33A) THAT THE DISTRICT HEALTH COUNCIL ADDRESS THE SPECIAL NEEDS OF PSYCHIATRICALLY DISABLED STREET YOUTH;

B) THAT THE COORDINATING COMMITTEE FOR THE DEVELOPMENTALLY HANDICAPPED ADDRESS THE SPECIAL NEEDS OF DEVELOPMENTALLY DISABLED STREET YOUTH;

C) THAT THE APPROPRIATE FACILITIES ADDRESS THE SPECIAL NEEDS OF HEAD INJURED STREET YOUTH ESPECIALLY THOSE WHO ARE VIOLENT.

34. THAT PRIMARY PREVENTION SERVICES SUCH AS PROGRAMMING IN THE SCHOOLS AND SELF-HELP GROUPS BE INCREASED AND STRENGTHENED IN HAMILTON-WENTWORTH.

35. THAT THERE BE INFORMATION AND EDUCATION AVAILABLE FOR YOUTH ABOUT THE REALITIES OF STREET LIFE.

36A) THAT FURTHER EXPLORATION OF STREET YOUTH PARENT ISSUES BE CARRIED OUT;

B) THAT THIS INFORMATION BE USED TO ESTABLISH PARENT EDUCATION, SUPPORT AND NETWORKING PROGRAMS INTENDED TO EMPOWER AND STRENGTHEN FAMILIES TO COPE MORE EFFECTIVELY WITH THEIR CHILDREN AND TO PREVENT THE ABUSE AND ABANDONMENT OF CHILDREN.

YOUNG OFFENDERS

Incidence

This sector is composed of services which are funded under the Child and Family Services Act to serve young people in conflict with the law.

During 1989, Hamilton-Wentworth Regional Police charged a total of 1,920 young offenders in the Region. This represents an increase from 1,551 in 1985.[26]

Services

Six agencies are currently funded to provide these services in Hamilton-Wentworth - Arrell Youth Centre, Dawn Patrol, G.R. Force, MCSS Probation Services, John Howard Society, and Child and Adolescent Services.

Co-ordination

These agencies meet under the auspices of AATD to establish priorities.

Priorities

The AATD Spectrum Report identified priorities within the YOA sector as well as service needs within other sectors to serve youth in conflict with the law. The report also identified priority needs for facilities in Brantford and Niagara, given the regional nature of many correctional facilities.

The priorities within the YOA sector ranked in order of importance, were as follows:

1) Phase I - Open custody facility in Brantford.

2) Specialized programs in social skills, life skills, adaptive skills and therapeutic recreation.

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26 Hamilton-Wentworth Regional Police. Crime Statistics, 1989.

3) Secure custody facility in Niagara.

4) Specialized training in behaviour dynamics and related topics for front-line workers.

5) Professional consultations in psychological assessment, social work intervention, psychiatric assessments, psychosocial supports and post-assessment services.

The priorities for agencies outside of the YOA sector are presented below. These services were not ranked in order of priority.

1) Community-based psychiatric services.

2) Co-ordination and case-management services for young persons.

3) Specialized programs in social skills, life skills, adaptive skills and therapeutic recreation.

4) A residential program for 15 - 17 year olds to address the needs of "street kids".

IV CONCLUSIONS

This section of the report provides an overview of the sector-based priorities for the purpose of identifying general trends in the human services.

It was notable that relatively few of the priorities fell into the area of intensive counselling treatment services. The needs which were identified in this area were -

- alcohol/drug outpatient counselling
- treatment programs for children and adolescents
- treatment programs for family violence and sexual abuse

There were also relatively few residential service among the list of priorities -

- short-term residential service for alcohol/drug problems
- inpatient service for adolescents
- long-term residential service for the developmentally handicapped
- AID hospice/residential service
- Transient housing for street youth

A large number of the priorities reflected the trend towards community care and home-support services within the developmentally handicapped and seniors sectors -

- in-home respite care for the developmentally handicapped
- residential respite care for the developmentally handicapped
- respite care in nursing homes and homes for the aged
- seniors day care programs
- hospital in the home services
- home support services for seniors, including activities for daily living

Skill development, educational and support services also ranked high on the

list of priorities.

- school based programs for social issues
- social skills and life skills for young offenders
- life skills programs for native persons
- assertiveness training for native persons
- literacy training programs
- family support programs for high risk families
- flexible and creative educational alternatives for high-risk students
- alcohol/drug self-help programs
- teen peer support programs
- seniors and kids together
- self help centre
- cultural interpreters service

A significant number of the priority areas also fell into the general category of assessment consultation/crisis services -

- mental health consultation in schools and for young offenders
- assessment services for pre-school children and the developmentally handicapped
- crisis/emergency services for adolescents and street youth
- single access organization for seniors

This general overview of identified priorities suggests a few conclusions about the direction which our social services system appears to be taking in Hamilton-Wentworth -

1) a shift away from traditional counselling/residential services towards a model which places more emphasis upon facilitating the ability of clients to function in the community through -
   a) skill development
   b) instrumental supports
   c) self help/mutual aid strategies

2) a possible shift away from treatment models which implicitly emphasize client dependency on the helping-system to models which emphasize client independence and empowerment through the modalities identified in "1" above.

3) an increased emphasis upon co-ordination in assessment and referral through multi-disciplinary collaboration.

Cross-Sector Priorities

One of the most problematic issues concerning priorities within human services relates to the fact that most of our existing priority-setting mechanisms identify priorities within specific sectors which, in turn, often reflect the needs of individual target groups i.e., developmentally handicapped, disabled, seniors, etc. To a very significant extent, this is simply a reflection of the fact that the services system tends to be structured around services for specific target groups.

Consequently, problems are encountered with respect to the identification of cross-sector priorities i.e., the choice between allocating more funds to children's services or seniors services. In 1988, a coalition of Provincial voluntary organizations called the Voluntary Sector Reference Group (VSRG), attempted to respond to this problem in the role as an advisory committee to the Provincial Municipal Social Services Review Committee. The VSRG represented a wide variety of service sectors and they attempted to define a small set of "core" services which should be guaranteed to all residents of the Province. These "core" services would, in turn, represent high-priority services which addressed the basic needs of all of the target groups who utilize services.

A consensus was reached among this heterogeneous group of service providers which argued that "core" services are any service which meet the basic needs for food, shelter and protection, including services which assist an individual to recover from a deprivation of these basic needs.

Within the general human services sector, then, these core services would respond to issues of poverty, housing, and family violence as well as other areas of victimization (i.e., violence against women).

These issues obviously cut-across the traditional target groups of community services. Unfortunately, however, we do not have distinct community-based priorities with respect to responding to these problems, although this problem should be rectified for two of these sectors in the near future -

1. The Regional Chairman's Task Force on Affordable Housing is expected to produce a co-ordinated community plan for responding to housing problems.
2. The planned Child Poverty Forum is expected to produce a coordinated community plan for responding to child poverty issues.

Unfortunately, however, a community-based priorities plan for issues of family violence and violence against women has not been developed. As a result, there is no generally accepted statement of priorities for that sector and there does not appear to be any process underway to yield the required results.

The need for a generally accepted statement of priorities within this sector is of the upmost importance in facilitating an appropriate and effective response to this core problem.